


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90345 028 ****50.00

| | |
|--|---|
| DOCUMENT # L03000031667 |  |
| 1. Entity Name LABTECH ASSOCIATES & INTERVENTION SERVICES, LLC | |

| | |
|---|---|
| Principal Place of Business 515-B JOHN KNOX RD STE. 110&111 TALLAHASSEE, FL 32303 | Mailing Address 2601 ONYX TRAIL TALLAHASSEE, FL |
|---|---|

24013323



| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

02202004 Chg-LLC CR2E083 (10/03)

| | |
|------------------------------------|--|
| 4. FEI Number 52-2399820 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | |
| MALFE, JOHN K 515-B JOHN KNOX RD STE. 110 TALLAHASSEE, FL 32303 | |

| | |
|--|----------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|---|--|
| Filing Fee is \$50.00 Due by May 1, 2004 | Make check payable to Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MALFE, JOHN K 2601 ONYX TRAIL TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MALFE, MELANIE J 2601 ONYX TRAIL TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____