

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031667

FILED
Apr 30, 2006
Secretary of State

Entity Name: LABTECH ASSOCIATES & INTERVENTION SERVICES, LLC

Current Principal Place of Business:

515-B JOHN KNOX RD STE. 110&111
TALLAHASSEE, FL 32303

New Principal Place of Business:

606 TRACY DRIVE
LADY LAKE, FL 31259

Current Mailing Address:

2601 ONYX TRAIL
TALLAHASSEE, FL

New Mailing Address:

606 TRACY DRIVE
LADY LAKE, FL 32159

FEI Number: 73-1726538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALFE, JOHN K
515-B JOHN KNOX RD STE. 110
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

MALFE, JOHN K
606 TRACY DRIVE
LADY LAKE, FL 32159 US

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.

SIGNATURE: JOHN K MALFE

04/30/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MALFE, JOHN K
Address: 2601 ONYX TRAIL
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM (X) Delete
Name: MALFE, MELANIE J
Address: 2601 ONYX TRAIL
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MALFE, JOHN K
Address: 606 TRACY DRIVE
City-St-Zip: LADY LAKE, FL 32159

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN K MALFE

MGR

04/30/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date