

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044357

Entity Name: MEDTOX TEAM, LLC

FILED  
Mar 18, 2008  
Secretary of State

**Current Principal Place of Business:**

2355 SURF RD.  
OCHLOCKONEE BAY, FL 32346

**New Principal Place of Business:**

**Current Mailing Address:**

2355 SURF RD.  
OCHLOCKONEE BAY, FL 32346

**New Mailing Address:**

FEI Number: 43-2038988

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HARBISON, JOHN  
2355 SURF RD.  
OCHLOCKONEE BAY, FL 32346 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HARBISON, JOHN T  
Address: 2355 SURF RD.  
City-St-Zip: OCHLOCKONEE BAY, FL 32346

Title: MGRM ( ) Delete  
Name: HILLMAN, JAMES V  
Address: 34 LADOGA AVENUE  
City-St-Zip: TAMPA, FL 33606

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

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

Title: MGRM ( ) Change (X) Addition  
Name: MCCLUSKEY, DIANA  
Address: 18432 EASTWYCK DR.  
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify 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 T. HARBISON

MGRM

03/18/2008

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