

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000045151

1. Entity Name
HEALTH-CHEM DIAGNOSTICS, LLC



Principal Place of Business
**3341 SOUTHWEST 15TH STREET
POMPANO BEACH, FL 33069 US**

Mailing Address
**3341 SOUTHWEST 15TH STREET
POMPANO BEACH, FL 33069 US**



01232007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
77-0612983

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCIARRETTA, STEVEN A
C/O STEVEN A. SCIARRETTA
2300 GLADES ROAD STE. 302-EAST
BOCA RATON, FL 33431**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

000000605849
01/30/07-80047-002 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SCIARRETTA, STEVEN A ESQ
STREET ADDRESS	2300 GLADES ROAS STE 302-EAST
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	MGR
NAME	ARONOWITZ, JACK L
STREET ADDRESS	3341 SOUTHWEST 15TH STREET
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

MANAGING MEMBER

Date

Daytime Phone #

1/23/07

(954) 979 3845