

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000057322

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** EMPIRICAL LABORATORIES, LLC

**Current Principal Place of Business:**

621 MAINSTREAM DRIVE  
SUITE 270  
NASHVILLE, TN 37228

**New Principal Place of Business:**

**Current Mailing Address:**

121 EXECUTIVE CIRCLE  
SUITE 100  
DAYTONA BEACH, FL 32114

**New Mailing Address:**

**FEI Number:** 62-1768675      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

MCLENDON, SHEILA F CEO  
121 EXECUTIVE CIRCLE  
SUITE 100  
DAYTONA BEACH, FL 32114 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:** MGR  
**Name:** MCLENDON, SHEILA F CEO  
**Address:** 121 EXECUTIVE CIRCLE, SUITE 100  
**City-St-Zip:** DAYTONA BEACH, FL 32114

**Title:** MEMB  
**Name:** DAVIS, D R V-PRES  
**Address:** 615 MAINSTREAM DRIVE, SUITE 270  
**City-St-Zip:** NASHVILLE, TN 37228

**Title:** MEMB  
**Name:** ASHBY, HENRY MEMBER  
**Address:** 121 EXECUTIVE CIRCLE, SUITE 100  
**City-St-Zip:** DAYTONA BEACH, FL 32114

**Title:** MEMB  
**Name:** CULBRETH JR, S C MEMBER  
**Address:** 121 EXECUTIVE CIRCLE, SUITE 100  
**City-St-Zip:** DAYTONA BEACH, FL 32114

I hereby 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:** SHEILA F. MCLENDON

MGR

03/30/2010

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