

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000057322

**FILED**  
**Mar 31, 2011**  
**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:**

MCLENDON, SHEILA F  
121 EXECUTIVE CIRCLE  
SUITE 100  
DAYTONA BEACH, FL 32114 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: SHEILA F MCLENDON

03/31/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MCLENDON, SHEILA F  
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

CEO

03/31/2011

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