

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000016142

FILED
Jul 13, 2005
Secretary of State

Entity Name: ACCUTECH CLINICAL LAB, LLC

Current Principal Place of Business:

ONE EAST BROWARD BLVD., STE 1501
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

4901 NW 17TH WAY
SUITE 504
FORT LAUDERDALE, FL 33309

Current Mailing Address:

ONE EAST BROWARD BLVD., STE 1501
FORT LAUDERDALE, FL 33301

New Mailing Address:

4901 NW 17TH WAY
SUITE 504
FORT LAUDERDALE, FL 33309

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HODKIN, PETER M
ONE EAST BROWARD BLVD., STE 1501
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

HODKIN, PETER M
4901 NW 17TH WAY
SUITE 504
FORT LAUDERDALE, FL 33309 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: PETER M. HODKIN

07/13/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LEON, AMLED
Address: ONE EAST BROWARD BLVD., STE 1501
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LEON, AMLED
Address: 4901 NW 17TH WAY, SUITE 504
City-St-Zip: FORT LAUDERDALE, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: AMLED LEON

MGR

07/13/2005

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