


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90137 040 ****50.00

DOCUMENT # L04000048507 1. Entity Name WEST BROWARD CLINICAL LABORATORY, LLC	
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Principal Place of Business 4850 WEST OAKLAND PARK BLVD., STE. 145 FORT LAUDERDALE, FL 33313	Mailing Address 4850 WEST OAKLAND PARK BLVD., STE. 145 FORT LAUDERDALE, FL 33313
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



02232006 Chg-LLC CR2E083 (11/05)

4. FEI Number 26-0096441	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HART, BRIAN A 2333 PONCE DE LEON BOULEVARD SUITE 303 CORAL GABLES, FL 33134-0000	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DAMER, EDWARD A 4850 WEST OAKLAND PARK BOULEVARD #145 FORT LAUDERDALE, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Edward A. Damer, M.D. EDWARD A. DAMER 2-27-06 954-739-0928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #