

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # L04000048507	
1. Entity Name WEST BROWARD CLINICAL LABORATORY, LLC	
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



03042008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 26-0096441	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent HART, BRIAN A 255 ALHAMBRA CIRCLE SUITE 850 CORAL GABLES, FL 33134-0000

**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 reinstating) DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAUER, EDWARD A 4850 WEST OAKLAND PARK BOULEVARD #145 FORT LAUDERDALE, FL 33313
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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. Dauer **EDWARD A. DAUER** 3-13-08 954-139-0978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #