

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000048507

FILED
Mar 19, 2009
Secretary of State

Entity Name: WEST BROWARD CLINICAL LABORATORY, LLC

Current Principal Place of Business:

4850 WEST OAKLAND PARK BLVD., STE. 145
FORT LAUDERDALE, FL 33313

New Principal Place of Business:

4850 WEST OAKLAND PARK BLVD.,
SUITE 145
FORT LAUDERDALE, FL 33313

Current Mailing Address:

4850 WEST OAKLAND PARK BLVD., STE. 145
FORT LAUDERDALE, FL 33313

New Mailing Address:

4850 WEST OAKLAND PARK BLVD.,
SUITE 145
FORT LAUDERDALE, FL 33313

FEI Number: 26-0096441

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, BRIAN A
255 ALHAMBRA CIRCLE
SUITE 850
CORAL GABLES, FL 331340000 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: MGRM () Delete
Name: DAUER, EDWARD A
Address: 4850 WEST OAKLAND PARK BOULEVARD #145
City-St-Zip: FORT LAUDERDALE, FL 33313

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: EDWARD A DAUER

MGRM

03/19/2009

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