

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000008223

**FILED**  
**May 02, 2006**  
**Secretary of State**

**Entity Name:** ACCUTECH LAB CONSULTANTS, LLC

**Current Principal Place of Business:**

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

**New Mailing Address:**

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

**FEI Number:** 20-2547221      **FEI Number Applied For ( )**      **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., SUITE #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: \_\_\_\_\_

05/02/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title:            MGR            ( ) Delete  
Name:            LEON, AMLED  
Address:        ONE E BROWARD BOULEVARD, SUITE #1501  
City-St-Zip:    FT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: AMLED LEON

MGR

05/02/2006

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