

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90047 002 \*\*\*\*50.00

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01172006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L05000029250</b> 1. Entity Name HEMACON LABORATORIES, LLC					
Principal Place of Business <del>1224 N.W. 13TH STREET</del> <del>GAINESVILLE, FL 32601</del>			Mailing Address <del>1224 N.W. 13TH STREET</del> <del>GAINESVILLE, FL 32601</del>		
2. Principal Place of Business <b>106 S.W. 10th St</b> Suite, Apt. #, etc. <b>Suite C</b>		3. Mailing Address <b>P.O. Box 5773</b> Suite, Apt. #, etc.			
City & State <b>Gainesville, FL</b>		City & State <b>Ocala, FL</b>		4. FEI Number <b>32-0150454</b>	
Zip <b>32601</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  AMERICAN INFORMATION SERVICES, INC. ONE SOUTHEAST THIRD AVENUE, STE. 2800 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Cooley PANTAZIS</b> <b>2240 S.E. 5th St.</b> <b>Ocala, FL 34471</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>José Iturraspe</b> <b>16718 SW 5 Place</b> <b>Newberry, FL 32669</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DENNIS PANTAZIS JD</b> <b>3041 SCOVE DR.</b> <b>Birmingham, AL 35216</b> <b>Secretary</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Chris Chandler</b> <b>6003 Willow Oak Court</b> <b>Prospect, KY 40059</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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.					
<b>SIGNATURE:</b> <u>Cooley Pantazis</u>			<b>01/17/06 352 6221378</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		