

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029250

FILED  
Feb 06, 2009  
Secretary of State

Entity Name: HEMACON LABORATORIES, LLC

**Current Principal Place of Business:**

106 SW 10TH ST  
SUITE C  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5773  
OCALA, FL 34478

**New Mailing Address:**

FEI Number: 32-0150454

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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: P ( ) Delete  
Name: PANTAZIS, COOLEY  
Address: 2240 E. 5TH ST  
City-St-Zip: OCALA, FL 34471

Title: VP ( ) Delete  
Name: ITURRASPE, JOSE  
Address: 16718 SW S.PLACE  
City-St-Zip: NEWBERRY, FL 32669

Title: S ( ) Delete  
Name: PANTAZIS, DENNIS JD  
Address: 8041 SCOVE DR  
City-St-Zip: BIRMINGHAM, AL 35216

Title: T ( ) Delete  
Name: CHANDLER, CHRIS  
Address: 6003 WILLOW OAK CT  
City-St-Zip: PROSPECT, KY 40059

**ADDITIONS/CHANGES:**

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

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

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

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: COOLEY PANTAZIS

P

02/06/2009

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