

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109080

FILED  
Jan 06, 2008  
Secretary of State

Entity Name: MEDLABUSA LLC

**Current Principal Place of Business:**

3820 SWANS LANDING  
LAND O LAKES, FL 34639 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 187  
LAND O LAKES, FL 34639 US

**New Mailing Address:**

FEI Number: 20-3793397      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD  
SUITE A-100  
TAMPA, FL 336123425 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: BARNES, RICHARD  
Address: P.O. BOX 187  
City-St-Zip: LAND O LAKES, FL 34639 US

Title: MGRM (X) Delete  
Name: BARNES, STEPHANIE  
Address: P.O. BOX 187  
City-St-Zip: LAND O LAKES, FL 34639 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BARNES, STEPHANIE  
Address: P.O. BOX 187  
City-St-Zip: LAND O LAKES, FL 34639 US

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: STEPHANIE BARNES

CEO

01/06/2008

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