

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000074265

Entity Name: DIVERSIFIED BIOLOGICALS , LLC

FILED
Jun 04, 2007
Secretary of State

Current Principal Place of Business:

7170 SW 47TH ST.
MIAMI, FL 33155

New Principal Place of Business:

6520 S.W. 114 STREET
PINECREST, FL 33156

Current Mailing Address:

7170 SW 47TH ST.
MIAMI, FL 33155

New Mailing Address:

6520 S.W. 114 STREET
PINE CREST, FL 33156

FEI Number: FEI Number Applied For (X) 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:

PARR, OWEN E
6520 S.W. 114 ST.
PINECREST,, FL 33156 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: MGR () Delete
Name: PARR, OWEN E
Address: 6520 S.W. 114 ST.
City-St-Zip: PINECREST, FL 33156

Title: MGRM () Delete
Name: FERNANDEZ, VICTOR F
Address: 7440 S.W. 50TH TERR. SUITE #108
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES:

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: OWEN PARR

MEMB

06/04/2007

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