


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90124 050 \*\*\*138.75

|   |   |
|---|---|
| DOCUMENT # L06000086595                 |  |
| 1. Entity Name<br>ACCUPATH PLUS, L.L.C. |   |

|  |  |
|--|--|
| Principal Place of Business<br>217 GOVERNMENT AVENUE<br>NICEVILLE, FL 32578 US | Mailing Address<br>217 GOVERNMENT AVENUE<br>NICEVILLE, FL 32578 US |
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|  |                                      |
|--|--------------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br>5938 FROND WAY | 3. Mailing Address<br>5938 FROND WAY |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                  |

|                                  |                                  |
|----------------------------------|----------------------------------|
| City & State<br>APOLLO BEACH, FL | City & State<br>APOLLO BEACH, FL |
| Zip<br>33572                     | Country<br>HILLSBOROUGH          |
| Zip<br>33572                     | Country<br>HILLSBOROUGH          |

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent<br>WONG, RUSSELL M.D.<br>5938 FROND WAY<br>APOLLO BEACH, FL 33572 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
|---|--|--|--|

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>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b> | <b>Make check payable to</b><br><b>Florida Department of State</b> |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>WONG, RUSSELL M.D.<br>5938 FROND WAY<br>APOLLO BEACH, FL 33572 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

|   |                                   |                                  |
|---|-----------------------------------|----------------------------------|
| SIGNATURE: <u>Russell Wong</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | <u>Russell Wong, Pres</u><br>Date | <u>4/6/08</u><br>Daytime Phone # |
|---|-----------------------------------|----------------------------------|