


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90206 008 ****50.00

DOCUMENT # L06000106476	
1. Entity Name DRUG TESTING ADVISORS OF FLORIDA LLC	

Principal Place of Business 931 VILLAGE BLVD., STE. 905-512 WEST PALM BEACH FL 33409	Mailing Address 931 VILLAGE BLVD., STE. 905-512 WEST PALM BEACH FL 33409
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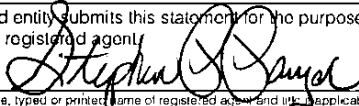


2. Principal Place of Business - No P.O. Box # 931 Village Blvd #905-512	3. Mailing Address 931 Village Blvd
Suite, Apt. #, etc. Suite-905-512	Suite, Apt. #, etc. Suite-905-512
City & State West Palm Beach, FL	City & State West Palm Beach
Zip 33409	Country FL

1st MOORE CR2E083 (10/06)

4. FEI Number 20-5783360	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PANCZAK, STEPHEN P 931 VILLAGE BLVD., STE. 905-512 WEST PALM BEACH FL 33409	
7. Name and Address of New Registered Agent Name STEPHEN P. PANCZAK Street Address (P.O. Box Number is Not Acceptable) 931 Village Blvd Suite 905-512 City West Palm Beach FL Zip Code 33409	

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  DATE **3-15-2007**

Signature, typed or printed name of registered agent and if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PANCZAK, STEPHEN P 931 VILLAGE BLVD., STE. 905-512 WEST PALM BEACH FL 33409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 Section 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #