

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000058869

FILED
Apr 25, 2008
Secretary of State

Entity Name: WELLSPRING CLINICAL LAB, LLC.

Current Principal Place of Business:

185 SPRINGWOOD TRAIL
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

185 SPRINGWOOD TRAIL
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 20-5547786

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIESE, CALVIN
185 SPRINGWOOD TRAIL
ALTAMONTE SPRINGS, FL 32714 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: WIESE, CALVIN
Address: 185 SPRINGWOOD TRAIL
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: MGRM () Delete
Name: SHOFFNER, CARROLL
Address: P. O. BOX 10
City-St-Zip: MORRIS, OK 74445 US

Title: MGRM () Delete
Name: NUTT, WILLIAM
Address: 3497 OAK KNOLL POINT
City-St-Zip: LAKE MARY, FL 32746 US

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:

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: CALVIN WIESE

MGRM

04/25/2008

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