

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008** 4/1

FILED
May 05, 2008 8:00 am
Secretary of State

04-10-2008 90127 019 ***143.75

DOCUMENT # L07000087547 1. Entity Name SAGE MEDICAL LABORATORY, LLC					
Principal Place of Business 1400 HAND AVENUE SUITE L ORMOND BEACH FL 32174			Mailing Address 1400 HAND AVENUE SUITE L ORMOND BEACH FL 32174		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-1316923			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☒			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent RHYNARD, M. A 515 S. RIDGEWOOD AVENUE DAYTONA BEACH FL 32114			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when removing)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to: Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DANTINI, CHRISTINA S 1400 HAND AVENUE, STE. L ORMOND BEACH FL 32174		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <i>Christina Dantini</i>			3/27/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					