

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

03-14-2008 90200 007 ***138.75

DOCUMENT # L07000097440 1. Entity Name MARINER MEDICAL LABS LLC					
Principal Place of Business 50 FAULKNER STREET NEW SMYRNA BEACH, FL 32168			Mailing Address 50 FAULKNER STREET NEW SMYRNA BEACH, FL 32168		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country			
4. FEI Number 26-1124209 Applied For ☐ Not Applicable ☐					
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent COOMBER, KRISTIN ESQ. 132 CANAL ST. NEW SMYRNA BEACH, FL 32168			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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
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 MARINER MEDICAL, INC. 1982 SR 44, STE 216 NEW SMYRNA BEACH, FL 32168	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCOPEPLUS+ LABS, INC. 50 FAULKNER STREET NEW SMYRNA BEACH, FL 32168	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ 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: Mark E. Morse 4/4/08 386-427-2462 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

Pres., ScopePlus+ Labs, Inc.