

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000097440

FILED
Apr 06, 2009
Secretary of State

Entity Name: MARINER MEDICAL LABS LLC

Current Principal Place of Business:

50 FAULKNER STREET
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

50 FAULKNER STREET
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 26-1124209

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOMBER, KRISTIN ESQ.
132 CANAL ST.
NEW SMYRNA BEACH, FL 32168 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: MARINER MEDICAL, INC, .
Address: 1982 SR 44, STE 216
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MGRM () Delete
Name: SCOPEPLUS+ LABS, INC, .
Address: 50 FAULKNER STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES:

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: SCOPEPLUS LABS, INC./MARK E. MORSE

PRES

04/06/2009

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