# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 28, 2008**
**Secretary of State**

DOCUMENT# L07000100457

**Entity Name:** PHYSICIANS OFFICE LAB SOLUTIONS, LLC

**Current Principal Place of Business:**

10874 SKYLARK MANOR COURT
JACKSONVILLE, FL 32257 US

**New Principal Place of Business:**

**Current Mailing Address:**

10874 SKYLARK MANOR COURT
JACKSONVILLE, FL 32257 US

**New Mailing Address:**

**FEI Number: 26-1172421** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WILLIAMS, CARL S
10874 SKYLARK MANOR COURT
JACKSONVILLE, FL 32257 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: MGR ( ) Delete
Name: WILLIAMS, CARL S
Address: 10874 SKYLARK MANOR COURT
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: CRAVEN, LAWRENCE C
Address: 2131 POST STREET
City-St-Zip: JACKSONVILLE, FL 32204

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: CARL S. WILLIAMS MGR 04/28/2008

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