

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90086 001 ***555.00

DOCUMENT # L07000118215

1. Entity Name
COVENANT HEALTHCARE LAB, LLC



Principal Place of Business
**11360 N JOG RD - STE 103
PALM BEACH GARDENS, FL 33418**

Mailing Address
**11360 N JOG RD - STE 103
PALM BEACH GARDENS, FL 33418**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04032008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
26-1476961

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEW, JAMES C
% AURORA DIAGNOSTICS, LLC
11360 N JOG RD - STE 103
PALM BEACH GARDENS, FL 33418**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 **mgr** ☐ Delete
NAME **Aurora Diagnostics, LLC**
STREET ADDRESS **11360 N. Jog Rd., Ste. 103**
CITY-ST-ZIP **Palm Beach Gardens, FL 33418**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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:

Michael Grafton
Michael Grafton

Date

Daytime Phone #

4/4/08

561 626 5512