

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000039335

FILED
Apr 06, 2009
Secretary of State

Entity Name: DOCTORSCHOICE LAB-INNOVATIVE BLOOD TECHNOLOGY, LLC

Current Principal Place of Business:

2030 WEST MCNAB ROAD
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

2030 WEST MCNAB ROAD
FORT LAUDERDALE, FL 33309 US

New Mailing Address:

FEI Number: 26-2436244 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MICHAELSON, STUART
800 SE THIRD AVENUE, FOURTH FLOOR
FORT LAUDERDALE, FL 33316 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: DOCTORSCHOICE LAB,
Address: 2030 WEST MCNAB ROAD
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: MGRM () Delete
Name: RUBENSTEIN, ARTHUR E
Address: 2030 WEST MCNAB ROAD
City-St-Zip: FORT LAUDERDALE, FL 33309 US

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: RUTH DREWS

SECR

04/06/2009

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