

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000058941

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** ADVANTAGE LABORATORY, LLC

**Current Principal Place of Business:**

8482 SHADY GLEN DR.  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

8482 SHADY GLEN DR.  
ORLANDO, FL 32819

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

GIDWANI, RAJA M MD  
8482 SHADY GLEN DR.  
ORLANDO, FL 32819 US

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

GIDWANI, MONA L  
8482 SHADY GLEN DR.  
ORLANDO, FL 32819 US

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: MONA GIDWANI

04/30/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: CEO  
Name: GIDWANI, MONA L MD  
Address: 8482 SHADY GLEN DR.  
City-St-Zip: ORLANDO, FL 32819

I hereby 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: MONA GIDWANI

DR.

04/30/2011

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