

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000079211

FILED  
May 01, 2009  
Secretary of State

Entity Name: ALL IN ONE DRUG TESTING, LLC

## Current Principal Place of Business:

1521 CHATFIELD PLACE  
ORLANDO,, FL 32814

## New Principal Place of Business:

1205 LYNN AVE  
AUBURNDALe, FL 33823

## Current Mailing Address:

1521 CHATFIELD PLACE  
ORLANDO,, FL 32814

## New Mailing Address:

PO BOX 547924  
ORLANDO, FL 32854 79

FEI Number: 94-3437846      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

HICKMAN, ELIZABETH  
1521 CHATFIELD PLACE  
ORLANDO, FL 32814 US

## Name and Address of New Registered Agent:

KLEPFER, PATRICIA  
1205 LYNN AVE  
AUBURNDALe, FL 33823 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: PATRICIA A. KLEPFER

05/01/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: KLEPFER, PATTY  
Address: 1521 CHATFIELD PLACE  
City-St-Zip: ORLANDO, FL 32814

Title: MGRM (X) Delete  
Name: HICKMAN, ELIZABETH  
Address: 1521 CHATFIELD PLACE  
City-St-Zip: ORLANDO, FL 32814

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: KLEPFER, PATTY  
Address: 1205 LYNN AVE  
City-St-Zip: AUBURNDALe, FL 33823

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: PATRICIA A. KLEPFER

MGRM

05/01/2009

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