

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000002227

**FILED**  
**Mar 29, 2010**  
**Secretary of State**

**Entity Name:** PHYSICIANS CHOICE LABORATORY SERVICES LLC

**Current Principal Place of Business:**

766 SE 5TH AVENUE  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

766 SE 5TH AVENUE  
DELRAY BEACH, FL 33483

**New Mailing Address:**

12345 STEELE CREEK RD  
CHARLOTTE, NC 28273

**FEI Number:** 61-1585784

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCHUGH, PHILIP  
1313 SW 20TH STREET  
FT LAUDERDALE, FL 33315 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  
Name: MCHUGH, PHILIP  
Address: 1313 SW 20TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: MGRM  
Name: SOWINSKI, MARCUS  
Address: 3035 SW 1ST AVE #504  
City-St-Zip: MIAMI, FL 33129

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:** PHILIP MCHUGH

CEO

03/29/2010

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