

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000002227

**FILED**  
**Mar 02, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

300 WESTINGHOUSE BLVD.  
CHARLOTTE, NC 28273

**New Principal Place of Business:**

**Current Mailing Address:**

300 WESTINGHOUSE BLVD.  
CHARLOTTE, NC 28273

**New Mailing Address:**

**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:**

LEVINE, ALAN W ESQUIRE  
1110 BRICKELL AVENUE  
SUITE 700  
MIAMI, FL 33131 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: ALAN W. LEVINE

03/02/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MCHUGH, PHILIP  
Address: 222 EAST BLAND STREET, APT. 163  
City-St-Zip: CHARLOTTE, NC 28203 US

Title: MGR  
Name: WIEGEL, JOSEPH  
Address: 14260 MIDDLEHAM LANE  
City-St-Zip: JACKSONVILLE, FL 32223 US

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

MGRM

03/02/2012

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