## 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L09000037700

FILED Jan 29, 2010 Secretary of State

Entity Name: THE LABORATORY GROUP OF NORTHWEST FLORIDA, PLLC

**Current Principal Place of Business: New Principal Place of Business:** 

1717 NORTH "E" STREET, STE. 227 4724 NORTH DAVIS HWY PENSACOLA, FL 32501

2ND FLOOR

PENSACOLA, FL 32503

**Current Mailing Address: New Mailing Address:** 

1717 NORTH "E" STREET, STE. 227 4724 NORTH DAVIS HWY PENSACOLA, FL 32501 2ND FLOOR

PENSACOLA, FL 32503

FEI Number: 61-1595918 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MORLAND, WENDY S M.D. MORLAND, WENDY S M.D. 1717 NORTH "E" STREET, STE. 227 PENSACOLA, FL 32501 US 4724 NORTH DAVIS HWY 2ND FLOOR PENSACOLA, FL 32503 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: 01/29/2010

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

DAVIS, NORTH J MD Name:

Address: 4724 NORTH DAVIS HWY 2ND FLOOR

City-St-Zip: PENSACOLA, FL 32503

Title:

Name: CANDELA, ANDRES MD Address: 4724 NORTH DAVIS 2ND FLOOR

City-St-Zip: PENSACOLA, FL 32503

Title: SECR

MORELAND, WENDY S MD Name:

4724 NORHT DAVIS HWY 2ND FLOOR Address:

City-St-Zip: PENSACOLA, FL 32503

Title: ASEC

Name: BURNS, CHARLES E MD

4724 NORTH DAVIS HWY 2ND FLOOR Address:

City-St-Zip: PENSACOLA, FL 32503

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 Statues.

SIGNATURE: WENDY S. MORELAND **SECR** 01/29/2010