

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000049872

FILED
Feb 22, 2010
Secretary of State

Entity Name: CLINICAL LAB SOLUTIONS, LLC

Current Principal Place of Business:

1406 SE 46TH LANE
UNIT 2
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

1406 SE 46TH LANE
UNIT 2
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 27-0316986 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MUELLER, WOLFGANG
8855 KING HENRY COURT
FORT MYERS, FL 33908 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: MGR
Name: MUELLER, SABINE
Address: 1406 SE 46TH LANE , UNIT 2
City-St-Zip: CAPE CORAL, FL 33904

Title: MGR
Name: MUELLER, WOLFGANG
Address: 1406 SE 46TH LANE , UNIT 2
City-St-Zip: CAPE CORAL, FL 33904

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: SABINE MUELLER MGR 02/22/2010

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