

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000073114

Entity Name: FFAA LAB SERVICES, LLC

**FILED**  
**Apr 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

8200 NW 27 STREET  
108  
DORAL, FL 33122

**New Principal Place of Business:**

8200 NW 27 STREET  
SUITE 108  
DORAL, FL 33122

**Current Mailing Address:**

8200 NW 27 STREET  
108  
DORAL, FL 33122

**New Mailing Address:**

8200 NW 27 STREET  
SUITE 108  
DORAL, FL 33122

FEI Number: 14-1941024

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ZWICK, THOMAS DPM  
8200 NW 27 STREET  
108  
DORAL, FL 33122 US

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

ZWICK, THOMAS DPM  
8200 NW 27 STREET  
SUITE 108  
DORAL, FL 33122 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: THOMAS ZWICK, DPM

04/17/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ZWICK, THOMAS DPM  
Address: 8200 NW 27 STREET, SUITE 108  
City-St-Zip: DORAL, FL 33122

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: THOMAS ZWICK, DPM

MGRM

04/17/2011

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