

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000111088

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** DRUG TESTING SERVICE CENTER,LLC

**Current Principal Place of Business:**

10011 PINES BLVD  
SUITE 202  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 870115  
STONE MOUNTAIN, GA 30087

**New Mailing Address:**

**FEI Number:** 27-1391610

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GILBERT, SHAY  
1040 NW 187 AVENUE  
PEMBROKE PINES, FL 33029 US

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

GILBERT, SHAY  
10011 PINES BLVD  
SUITE 202  
PEMBROKE PINES, FL 33024 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: SHARON GILBERT

04/27/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GILBERT, SHARON  
Address: 10011 PINES BLVD  
City-St-Zip: PEMBROKE PINES, FL 33024

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: SHARON GILBERT

MGRM

04/27/2012

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