

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000113082

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** LAB BIO MED, LLC

**Current Principal Place of Business:**

10396 W STATE RD 84 SUITE 113 B  
DAVIE, FL 33324 US

**New Principal Place of Business:**

1931 NW 150 TH AVENUE  
SUITE 225  
PEMBROKE PINES, FL 33028 US

**Current Mailing Address:**

10396 W STATE RD 84 SUITE 113 B  
DAVIE, FL 33324 US

**New Mailing Address:**

1931 NW 150 TH AVENUE  
SUITE 225  
PEMBROKE PINES, FL 33028 US

**FEI Number:** 32-0296253

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPITIA, JHONNY  
10396 W STATE RD 84 STE 113 B  
DAVIE, FL 33324 US

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

SPITIA, JHONNY  
1931 NW 150 TH AVENUE  
SUITE 225  
PEMBROKE PINES, FL 33028 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: JHONNY SPITIA

04/29/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SPITIA, JHONNY  
Address: 1931 NW 150 TH AVENUE SUITE 225  
City-St-Zip: PEMBROKE PINES, FL 33028 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: JHONNY SPITIA

P

04/29/2010

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