

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000116147

FILED  
Feb 07, 2012  
Secretary of State

**Entity Name:** NORTH CAUSEWAY MEDICAL LABORATORY, LLC

**Current Principal Place of Business:**

161 NORTH CAUSEWAY  
NEW SMYRNA BEACH, FL 32169 US

**New Principal Place of Business:**

**Current Mailing Address:**

161 NORTH CAUSEWAY  
SUITE D  
NEW SMYRNA BEACH, FL 32169 US

**New Mailing Address:**

**FEI Number:** 27-3573662

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KUCKER, MARK A DO  
161 NORTH CAUSEWAY  
SUITE D  
NEW SMYRNA BEACH, FL 32169 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: MGRM  
Name: KUCKER, MARK A DO  
Address: 161 NORTH CAUSEWAY SUITE D  
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: MGRM  
Name: LO, ERIC MD  
Address: 161 NORTH CAUSEWAY SUITE C  
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: MGRM  
Name: WANG, JAMES MD  
Address: 161 NORTH CAUSEWAY SUITE C  
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: MGRM  
Name: YEE, JOHN MD  
Address: 161 NORTH CAUSEWAY SUITE A  
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: MGRM  
Name: MAI, CHRISTOPHER MD  
Address: 161 NORTH CAUSEWAY SUITE C  
City-St-Zip: NEW SMYRNA BEACH, FL 32169 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: MARK A KUCKER, DO

MGR

02/07/2012

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