2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2012
Secretary of State

DOCUMENT# L11000030225

Entity Name: JOHN CUPO CLINICAL LABORATORY CONSULTANT, LLC

Current Principal Place of Business:

625 NW 21ST STREET
WILTON MANORS, FL 33311 US

New Principal Place of Business:

624 NORTH WEST 29TH STREET
WILTON MANORS, FL 33311 US

Current Mailing Address:

625 NW 21ST STREET
WILTON MANORS, FL 33311 US

New Mailing Address:

624 NORTH WEST 29TH STREET
WILTON MANORS, FL 33311 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: CUPO, JOHN J JR.
Address: 625 NW 21ST ST
City-St-Zip: WILTON MANORS, FL 33311 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 Statues.

SIGNATURE: JOHN J CUPO JR. MR. 04/09/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date