

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000071261

**FILED**  
**Oct 15, 2014**  
**Secretary of State**

**Entity Name:** MEDICAL LABORATORY SERVICES, LLC

**Current Principal Place of Business:**

3426 NW 43RD STREET  
SUITE B  
GAINESVILLE, FL 32606 US

**New Principal Place of Business:**

**Current Mailing Address:**

3426 NW 43RD STREET  
SUITE B  
GAINESVILLE, FL 32606 US

**New Mailing Address:**

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

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

NARAYAN, PERINCERY  
3426 NW 43RD STREET  
SUITE B  
GAINESVILLE, FL 32606 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: PERINCERY NARAYAN

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: NARAYAN, PERINCERY  
Address: 3426 NW 43RD STREET, SUITE B  
City-St-Zip: GAINESVILLE, FL 32606 US

Title: MGR  
Name: BAUER, CLIFF  
Address: 3426 NW 43RD STREET, SUITE B  
City-St-Zip: GAINESVILLE, FL 32606 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: PERINCERY NARAYAN

DR

10/15/2014

Electronic Signature of Authorized Person

Date