FILE NOW: Fee after May 1, will be $588.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 APR -7 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE $ 203.75	Annual Report $100.00 + $103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE

DOCUMENT # L94000000569

1. Name and Mailing Address of Limited Liability Company

ROMARK LABORATORIES, L.C.
6200 COURTNEY CAMPBELL CAUSEWAY
SUITE 870
TAMPA FL 33607

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address

6200 COURTNEY CAMPBELL CAUSEW
SUITE 870
TAMPA FL 33607

MWB

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

3. Date Organized or Qualified: 10/24/1994
3a. State of Formation: FL
4. FEI Number: 59-3276909 — ☐ Applied For ☐ Not Applicable
5. Date of Last Report: 03/07/1996
6. Certificate of Status Desired: $8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
AYERS, MARC S 6200 COURTNEY CAMPBELL CAUSEWAY SUITE 870 TAMPA FL 33607	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code

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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE 4/4/97
(Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	ROSSIGNOL, JEAN-FRANCO	6200 COURTNEY CAMPBELL CAU	TAMPA FL
MGR	AYERS, MARC S	6200 COURTNEY CAMPBELL CAU	TAMPA FL
MEM	ROSSIGNOL, JEAN-FRANCO	6200 COURTNEY CAMPBELL CAU	TAMPA FL

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____ Marc S. Ayers 4/4/97 813-282-8544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

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