

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L94000000569

FILED
Jul 11, 2007
Secretary of State

Entity Name: ROMARK LABORATORIES, L.C.

Current Principal Place of Business:

3000 BAYPORT DR.
SUITE 200
TAMPA, FL 33607

New Principal Place of Business:

3000 BAYPORT DRIVE
SUITE 200
TAMPA, FL 33607

Current Mailing Address:

3000 BAYPORT DR.
SUITE 200
TAMPA, FL 33607

New Mailing Address:

3000 BAYPORT DRIVE
SUITE 200
TAMPA, FL 33607

FEI Number: 59-3276909 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

AYERS, MARC S
3000 BAYPORT DR.
SUITE 200
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

AYERS, MARC S
3000 BAYPORT DRIVE
SUITE 200
TAMPA, FL 33607 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:

07/11/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ROSSIGNOL, JEAN-FRANCOIS
Address: 3000 BAYPORT PLAZA, SUITE 200
City-St-Zip: TAMPA, FL 33607

Title: MGR () Delete
Name: AYERS, MARC S
Address: 3000 BAYPORT PLAZA, SUITE 200
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: BRIAN SCHNIEDERS

CFO

07/11/2007

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