

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

FILED

97 FEB 19 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # 1.96000000002</b>  WRIGHT BIODIAGNOSTICS, L.C. 1380 BLOUNTSTOWN HIGHWAY TALLAHASSEE FL 32304		1a. Principal Place of Business Address  1380 BLOUNTSTOWN HIGHWAY TALLAHASSEE FL 32304	
<small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>			
2. Principal Place of Business		2a. Mailing Address	
3. Date Organized or Qualified		3a. State of Formation	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired	
01/02/1996 59-3361739		FL 000002093620--9 -02/20/97--01097--009 ***203.75 ***203.75	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
Cox NOLAN, LINDA # Nolan 1380 BLOUNTSTOWN HIGHWAY TALLAHASSEE FL 32304		Name  Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc.  City Zip Code	
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	BROWN, STEWAART I. DR	2364 CYPRESS COVE DRIVE	TALLAHASSEE FL
MGR	Cox NOLAN, LINDA Nolan	2986 Saddle Brook Ct. <del>8037 BRIARCREEK ROAD</del>	TALLAHASSEE FL
MGR	DEBUSK, A. GIB DR	3583 DORIS DRIVE	TALLAHASSEE FL
MGR	WRIGHT, DENNIS	3839 Wiggington Rd. <del>410 VICTORY GARDEN DRIVE,</del>	TALLAHASSEE FL
MGR	O'HARA, DAVID B DR	4356 DAVID COURT	TALLAHASSEE FL
MGR	BAUMAN, SENE E DR	1569 SAN LUIS ROAD	TALLAHASSEE 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: <i>Linda Nolan Cox</i> LINDA Nolan Cox		Date: 2/18/97	Daytime Phone #: 56-3900
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		<small>Date</small>	<small>Daytime Phone #</small>