


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	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company WRIGHT BIODIAGNOSTICS, L.C. 1380 BLOUNTSTOWN HIGHWAY TALLAHASSEE FL 32304		DOCUMENT # 196000000002			
1a. Principal Place of Business Address 1380 BLOUNTSTOWN HIGHWAY TALLAHASSEE FL 32304					
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 01/02/1996 3a. State of Formation FL	
				4. FEI Number 59-3361739 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> \$6.75 Additional Fee Required	
7. Name and Address of Current Registered Agent Cox NOLAN, LINDA # Nolan 1380 BLOUNTSTOWN HIGHWAY TALLAHASSEE FL 32304				8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 000002093620--9 -02/20/97--01097--009 ****203.75 ****203.75 Suite, Apt. #, etc. City FL 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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____					
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. 8037 BRIARCREEK ROAD		TALLAHASSEE FL	
MGR	DEBUSK, A. GIB DR	3583 DORIS DRIVE		TALLAHASSEE FL	
MGR	WRIGHT, DENNIS	3839 Wiggington Rd.		TALLAHASSEE FL	
MGR	O'HARA, DAVID B DR	410 VICTORY GARDEN DRIVE,		TALLAHASSEE FL	
MGR	BAUMAN, SENE E DR	4356 DAVID COURT		TALLAHASSEE FL	
		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: <u>Linda Nolan Cox</u> <u>Linda Nolan Cox</u> <u>2/18/97</u> <u>56-3900</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #					