

**2<sup>nd</sup> and FINAL NOTICE:** File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
98 SEP 14 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>FILING FEE</b> \$ 588.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company  <b>DOCUMENT #</b> L96000000002  <b>WRIGHT BIODIAGNOSTICS, L.C.</b> <b>1380 BLOUNTSTOWN HIGHWAY</b> <b>TALLAHASSEE FL 32304</b>
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1a. Principal Place of Business Address  <b>1380 BLOUNTSTOWN HIGHWAY</b> <b>TALLAHASSEE FL 32304</b>
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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 <b>01/02/1996</b>	3a. State of Formation <b>FL</b>
		4. FEI Number <b>59-3361739</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report <b>02/19/1997</b>	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  <b>NOLAN COX, LINDA H</b> <b>1380 BLOUNTSTOWN HIGHWAY</b> <b>TALLAHASSEE FL 32304</b>	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) <b>600002641616--8</b> Suite, Apt. #, etc. <b>-09/17/98--01004--001</b> <b>***588.75 ***588.75</b> City <b>FL</b> 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 \_\_\_\_\_  
(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	BROWN, STEWAART L DR	2364 CYPRESS COVE DRIVE	TALLAHASSEE FL
MGR	NOLAN COX, LINDA	2926 SADDLE BROOK CT.	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	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) (l), 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 Linda Nolan Cox 9/14/98 (850) 576-3900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #