


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 MAR 29 AM 11:37

FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company DOCUMENT # L96000000002 WRIGHT BIODIAGNOSTICS, L.C. 1380 BLOUNTSTOWN HIGHWAY TALLAHASSEE FL 32304

1a. Principal Place of Business Address 1380 BLOUNTSTOWN HIGHWAY TALLAHASSEE FL 32304

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	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 09/14/1998	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>
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7. Name and Address of Current Registered Agent NOLAN COX, LINDA H 1380 BLOUNTSTOWN HIGHWAY TALLAHASSEE FL 32304	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL
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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 Agents must be qualified when accepting appointment)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	BROWN, STEWART 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)(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: Linda Nolan Cox