

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000210

FILED
Apr 22, 2008
Secretary of State

Entity Name: THE COGNOSCENTI HEALTH INSTITUTE LLC

Current Principal Place of Business:

12423 RESEARCH PKWY
SUITE 700
ORLANDO, FL 32826

New Principal Place of Business:

6490 HAZELTINE NATIONAL DRIVE
SUITE 170
ORLANDO, FL 32822

Current Mailing Address:

1221 E. ROBINSON ST.
ORLANDO, FL 32801

New Mailing Address:

9737 GREAT HILLS TRAIL
SUITE 100
AUSTIN, TX 78759

FEI Number: 59-3692421

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FONG, DAVID
1221 E. ROBINSON ST.
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CLINICAL PATHOLOGY L, ABORATORIES, I N C.
Address: 9200 WALL STREET
City-St-Zip: AUSTIN, TX 78754

ADDITIONS/CHANGES:

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: PAUL W MILLER

CFO

04/22/2008

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