

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M01000001971

**Entity Name:** MEDILAB VENTURES, LLC

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5904 HAMPTON OAKS PARKWAY  
SUITE D  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

5904 HAMPTON OAKS PARKWAY  
SUITE D  
TAMPA, FL 33610

**New Mailing Address:**

**FEI Number:** 38-3532341

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

YEE, DAVE  
5904 HAMPTON OAKS PARKWAY  
SUITE D  
TAMPA, FL 33610 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  
**Name:** LOZICKI, MIKE  
**Address:** 5904 HAMPTON OAKS PARKWAY, SUITE D  
**City-St-Zip:** TAMPA, FL 33610

**Title:** MGR  
**Name:** VANWINGERDEN, BRUCE  
**Address:** 5904 HAMPTON OAKS PARKWAY, SUITE D  
**City-St-Zip:** TAMPA, FL 33610

I hereby 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: BRUCE VANWINGERDEN

MGR

02/17/2011

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