

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002027

Entity Name: UROPATH, LLC

FILED
Jul 09, 2009
Secretary of State

Current Principal Place of Business:

1314 SUMTER ST
SUITE #110
LEESBURG, FL 34749

New Principal Place of Business:

Current Mailing Address:

3939 GREEN OAKS BLVD WEST
SUITE #100
ARLINGTON, TX 76016

New Mailing Address:

9825 SPECTRUM DR BLDG 3
AUSTIN, TX 78717

FEI Number: 56-2363362 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
TEAM 1
PLANTATION, FL 33324 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: HEZMALL, PAT M.D.
Address: 811 E INTERSTATE 20, STE 114
City-St-Zip: ARLINGTON, TX 76017

Title: MGR (X) Delete
Name: GRABLE, MICHAEL S MD
Address: 545 HEALTH BLVD
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CLARIPATH LABORATORIES, INC.
Address: 9825 SPECTRUM DR BLDG 3
City-St-Zip: AUSTIN, TX 78717

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: JAMES D CLARK

TREA

07/09/2009

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