

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90027 034 ****50.00

DOCUMENT # M04000003559

1. Entity Name
ACCUMED GENPAR, L.L.C.



Principal Place of Business
**2600 VIA FORTUNA
SUITE 215
AUSTIN, TX 78746**

Mailing Address
**2600 VIA FORTUNA
SUITE 215
AUSTIN, TX 78746**

20017191

2. Principal Place of Business

3. Mailing Address *C/O TLC Legal Dept.
1983 Marcus Avenue*

Suite, Apt. #, etc.

Suite 200

01242006 Chg-LLC CR2E083 (11/05)



City & State

City & State
Lake Success, NY

4. FEI Number
20-1539423

Applied For
Not Applicable

Zip

Country

Zip

11042

Country

USA

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MCMAUDE, MICHAEL
2600 VIA FORTUNA, SUITE 215
AUSTIN, TX 78746** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Michael McMaude

02/16/2006

Date

Daytime Phone #



ATTACHMENT

2007191

M04000003559

The *Best* of Care in the *Best* of Environments™

Legal Department

March 13, 2006

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

Re: 2006 Limited Liability Company Annual Report
AccuMed Genpar, L.L.C.
Document No.: M04000003559

Dear Sir or Madam:

Enclosed please find the 2006 Limited Liability Company Annual Report for the above-referenced L.L.C. Also enclosed is check number 3791, payable to "Fl Dept of State" in the amount of fifty dollars (\$50.00), representing the filing fee for this report.

If you have any questions, please do not hesitate to call me at (516) 327-3377.

Very truly yours,

Ruth DeLessio
Legal Assistant