


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90244 017 \*\*\*\*55.00

**DOCUMENT # M04000003884**

1. Entity Name  
 SCOTT LABORATORY SOLUTIONS, LLC



Principal Place of Business 7216 BALL CAMP PIKE KNOXVILLE, TN 37931	Mailing Address 7216 BALL CAMP PIKE KNOXVILLE, TN 37931
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20024302

**DO NOT WRITE IN THIS SPACE**



01242005No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1413282	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, TRACY  
 4540 TREELINE DRIVE  
 PENSACOLA, FL 32504

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCOTT, TIM 7216 BALL CAMP PIKE KNOXVILLE, TN 37931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCOTT VAN 7216 Ball Camp Pike Knoxville TN 37931
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**DO NOT WRITE IN THIS SPACE**

11. I 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 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:** \_\_\_\_\_ **3-17-05** **865-539-9112**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #