
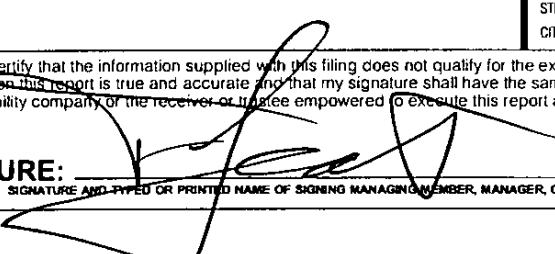


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90352 006 ****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		
2. Principal Place of Business		3. Mailing Address P.O. Box 52046			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Knoxville TN		4. FEI Number 20-1413282	
Zip		Country USA		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			7. Name and Address of New Registered Agent		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 SCOTT, TIM 7216 BALL CAMP PIKE KNOXVILLE, TN 37931	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAN, SCOTT 7216 BILL CAMP PIKE KNOXVILLE, TN 37931	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			Date: 3-7-06		Daytime Phone #: 865-539-9112
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					