

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000003884

FILED
Jan 25, 2007
Secretary of State

Entity Name: SCOTT LABORATORY SOLUTIONS, LLC

Current Principal Place of Business:

7216 BALL CAMP PIKE
KNOXVILLE, TN 37931

New Principal Place of Business:

7216 BALL CAMP PIKE
KNOXVILLE, TN 37931 US

Current Mailing Address:

P.O. BOX 52046
KNOXVILLE, TN 37950

New Mailing Address:

P.O. BOX 52046
KNOXVILLE, TN 37950 US

FEI Number: 20-1413282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PEREZ, TRACY
4540 TREELINE DRIVE
PENSACOLA, FL 32504 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: SCOTT, TIM
Address: 7216 BALL CAMP PIKE
City-St-Zip: KNOXVILLE, TN 37931

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: SCOTT, TODD
Address: 7216 BALL CAMP PIKE
City-St-Zip: KNOXVILLE, TN 37931

I hereby certify that the information supplied with this filing does not qualify for the 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: TIM SCOTT

MM

01/25/2007

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