

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000002339

**FILED**  
**Feb 03, 2010**  
**Secretary of State**

**Entity Name:** NEW YORK IMMUNOLOGY LABORATORY, LLC

**Current Principal Place of Business:**

4603 MIDDLE COUNTRY ROAD  
CALVERTON, NY 11933

**New Principal Place of Business:**

4603 MIDDLE COUNTRY ROAD  
124  
CALVERTON, NY 11933

**Current Mailing Address:**

4603 MIDDLE COUNTRY ROAD  
CALVERTON, NY 11933

**New Mailing Address:**

4603 MIDDLE COUNTRY ROAD  
124  
CALVERTON, NY 11933

**FEI Number:** 34-2044786

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AGENTS AND CORPORATIONS, INC.  
300 FIFTH AVE. SOUTH  
SUITE 101-330  
NAPLES, FL 34102 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:** MGRM  
**Name:** SHIRAZIAN, DJANSHID  
**Address:** 4603 MIDDLE COUNTRY ROAD  
**City-St-Zip:** CALVERTON, NY 11933

**Title:** MGRM  
**Name:** MOKHTARIAN, FOROOZAN  
**Address:** 4603 MIDDLE COUNTRY ROAD  
**City-St-Zip:** CALVERTON, NY 11933

I hereby 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:** SHIRAZIAN

**DIRE**

**02/03/2010**

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