2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2011
Secretary of State

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Entity Name: PHYSICIANS TOXICOLOGY LABORATORY, LLC

Current Principal Place of Business:

4001 TAMIAMI TRIAL NORTH, STE. 350
NAPLES, FL 34103

New Principal Place of Business:

801 LAUREL OAK DRIVE
SUITE 102
NAPLES, FL 34108

Current Mailing Address:

4001 TAMIAMI TRIAL NORTH, STE. 350
NAPLES, FL 34103

New Mailing Address:

801 LAUREL OAK DRIVE
SUITE 102
NAPLES, FL 34108

FEI Number: 27-3575975 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALVATORI, LEO J
9132 STRADA PLACE, FOURTH FLOOR
NAPLES, FL 341082683 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
Name: LUND, M. RYAN
Address: 801 LAUREL OAK DRIVE, SUITE 102
City-St-Zip: NAPLES, FL 34108

Title: MGR
Name: TCL REALTY, INC
Address: 801 LAUREL OAK DRIVE, SUITE 102
City-St-Zip: NAPLES, FL 34108

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 Statues.

SIGNATURE: JOHN B STORY VP 04/25/2011

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