

01/04/2005 TUE 23:48 FAX

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90057 039 ****50.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M98000001021		
1. Entity Name OAKRIDGE CLINICAL LABORATORY, LLC		
Principal Place of Business 1000 N.E. 56TH STREET FT. LAUDERDALE, FL 33334		Mailing Address 1000 N.E. 56TH STREET FT. LAUDERDALE, FL 33334
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ Signature, typed or printed name of registered agent and title if applicable		DATE _____ (NOTE: Registered Agent signature required when reinstating)
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR INGLIS, RICHARD K ESQ 2455 SUNRISE BLVD. SUITE 320 FORT LAUDERDALE, FL 33304	DO NOT WRITE IN THIS SPACE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Richard K. Inglis, Mgr</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date: <u>1/4/05</u> Daytime Phone: <u>954-565-1977</u>

20003963



01042005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-0859213

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required