2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2013
Secretary of State
CC3267445880

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Entity Name: NORTH CAUSEWAY MEDICAL LABORATORY, LLC

Current Principal Place of Business:

161 NORTH CAUSEWAY
NEW SMYRNA BEACH, FL 32169

Current Mailing Address:

161 NORTH CAUSEWAY
SUITE D
NEW SMYRNA BEACH, FL 32169 US

FEI Number: 27-3573662

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KUCKER, MARK ADO
161 NORTH CAUSEWAY
SUITE D
NEW SMYRNA BEACH, FL 32169 US

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

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	KUCKER, MARK ADO	Name	LO, ERIC MD
Address	161 NORTH CAUSEWAY SUITE D	Address	161 NORTH CAUSEWAY SUITE C
City-State-Zip:	NEW SMYRNA BEACH FL 32169	City-State-Zip:	NEW SMYRNA BEACH FL 32169

Title	MGRM
Name	YEE, JOHN MD
Address	161 NORTH CAUSEWAY SUITE A
City-State-Zip:	NEW SMYRNA BEACH FL 32169

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK KUCKER MGMR 02/19/2013

Electronic Signature of Signing Authorized Person(s) Detail — Date