

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000085638

**Entity Name:** STONE CLINICAL LABORATORIES OF FL, LLC

**Current Principal Place of Business:**

315 SERENOA ROAD  
SUITE A  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

315 SERENOA ROAD  
SUITE A  
SANTA ROSA BEACH, FL 32459 US

**FEI Number:** 83-4199515

**Certificate of Status Desired:** No

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

RIDGEWAY, CHRISTOPHER  
315 SERENOA ROAD  
SUITE A  
SANTA ROSA BEACH, FL 32459 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 MGR  
Name LAB, STONE CLINICAL  
Address 315 SERENOA ROAD  
SUITE A  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title AGENT  
Name MORRIS, DEAN  
Address 315 SERENOA ROAD  
SUITE A  
City-State-Zip: SANTA ROSA BEACH FL 32459

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DEAN MORRIS

AGENT

04/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date