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.

AGENT

SIGNATURE: DEAN MORRIS

Electronic Signature of Signing Authorized Person(s) Detail

Current Mailing Address:

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

FEI Number: 83-4199515

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

Authorized Person(s) Detail :

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

2025 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

Apr 14, 2025			
Secretary of State			
8263305334CC			

FILED

Certificate of Status Desired: No

04/14/2025

Date