

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000258733

Entity Name: VALIDITY LABORATORY SERVICES, LLC**Current Principal Place of Business:**8625 S FEDERAL HIGHWAY
PORT ST LUCIE, FL 34952**Current Mailing Address:**2177 SE OCEANBLVD.
STUART, FL 34996 UN**FEI Number:** 84-3581439**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STACEY, DEBBIE J REGISTERED AGENT
8625 SOUTH US HWY 1
PORT ST LUCIE, FL 34952 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:** DEBBIE STACEY

03/31/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER AND CHIEF OPERATING OFFICER
Name PIASECKI, SHERRY L
Address 8075 SE GOVERNORS WAY
City-State-Zip: HOBE SOUND 33455

Title MANAGER AND CHIEF LEGAL OFFICER
Name PEARSON, WARREN J
Address 3562 FOUR OAKS BLVD
City-State-Zip: TALLAHASSEE FL 32311

Title MANAGER AND CHIEF EXECUTIVE OFFICER
Name PIASECKI, MATTHIAS
Address 8625 S FEDERAL HIGHWAY
City-State-Zip: PORT ST LUCIE FL 34952

Title MANAGER AND CHIEF MEDICAL OFFICER
Name STAVROS, MARK
Address 8625 S FEDERAL HIGHWAY
City-State-Zip: PORT ST LUCIE FL 34952

Title MANAGER
Name PATEL, BHAVIN
Address 20283 STATE ROAD 7 SUITE 300
City-State-Zip: BOCA RATON FL 33498

Title MANAGER
Name PATEL, NEEL
Address 8625 S FEDERAL HIGHWAY
City-State-Zip: PORT ST LUCIE FL 34952

Title NONMANAGING SHAREHOLDER
Name TAYLOR, SCOTT
Address 8625 S FEDERAL HIGHWAY
City-State-Zip: PORT ST LUCIE FL 34952

Title NONMANAGING SHAREHOLDER
Name BROOKS, DEBBIE
Address 8625 S FEDERAL HIGHWAY
City-State-Zip: PORT ST LUCIE FL 34952

Continues on page 2

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: SHERRY L PIASECKI

COO

03/31/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title NONMANAGING SHAREHOLDER
Name WARREN, DOUG
Address 8625 S FEDERAL HIGHWAY
City-State-Zip: PORT ST LUCIE FL 34952

Title NONMANAGING SHAREHOLDER
Name BUGGIA, MARY
Address 8625 S FEDERAL HIGHWAY
City-State-Zip: PORT ST LUCIE FL 34952

Title NONMANAGING SHAREHOLDER
Name BARAKIGA, RINA
Address 8625 S FEDERAL HIGHWAY
City-State-Zip: PORT ST LUCIE FL 34952

Title NONMANAGING SHAREHOLDER
Name O'NEIL, KAREN
Address 8625 S FEDERAL HIGHWAY
City-State-Zip: PORT ST LUCIE FL 34952

Title NONMANAGING SHAREHOLDER
Name FARBER, ANDREW
Address 8625 S FEDERAL HIGHWAY
City-State-Zip: PORT ST LUCIE FL 34952