

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L94000000569

Entity Name: ROMARK LABORATORIES, L.C.**Current Principal Place of Business:**3000 BAYPORT DRIVE, SUITE 200
TAMPA, FL 33607**Current Mailing Address:**3000 BAYPORT DRIVE, SUITE 200
TAMPA, FL 33607**FEI Number: 59-3276909****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**AYERS, MARC S
3000 BAYPORT DRIVE, SUITE 200
TAMPA, FL 33607 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 BOARD OF DIRECTORS OF ROMARK
LABORATORIES,
Address 3000 BAYPORT PLAZA, SUITE 200
City-State-Zip: TAMPA FL 33607

Title CCSO
Name ROSSIGNOL, JEAN-FRANCOIS
Address 3000 BAYPORT DRIVE, SUITE 200
City-State-Zip: TAMPA FL 33607

Title COO
Name ROSSIGNOL, CELINE
Address 3000 BAYPORT DRIVE, SUITE 200
City-State-Zip: TAMPA FL 33607

Title PCEO
Name AYERS, MARC S
Address 3000 BAYPORT PLAZA, SUITE 200
City-State-Zip: TAMPA FL 33607

Title CFO
Name SCHNIEDERS, BRIAN J
Address 3000 BAYPORT DRIVE, SUITE 200
City-State-Zip: TAMPA FL 33607

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: BRIAN SCHNIEDERS**CFO****01/21/2014**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date