

**2013 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRIAN SCHNIEDERS**CHIEF FINANCIAL  
OFFICER****02/20/2013**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date