

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000003601

**Entity Name:** FT LAB MANAGEMENT, LLC

**Current Principal Place of Business:**

1047 EAST NAKOMA STREET  
SAN ANTONIO, TX 78216

**Current Mailing Address:**

1047 EAST NAKOMA STREET  
SAN ANTONIO, TX 78216

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

COHEN, JEFFREY L  
909 SE 5TH AVENUE, SUITE 200  
DELRAY BEACH, FL 33483 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 WHITE, W. WADE M.D.  
Address 535 CANYON RISE  
City-State-Zip: SAN ANTONIO TX 78258

Title MGR  
Name SHOUP, CHRIS  
Address 4316 PIEDMONT COURT  
City-State-Zip: FLOWER MOUND TX 75022

Title MGR  
Name HUPFELD, LANCE  
Address 713 COOMES PLACE  
City-State-Zip: CEDAR PARK TX 78613

Title MGR  
Name WEST, BRADLEY  
Address 15815 STABLE CREEK CIRCLE  
City-State-Zip: CYPRESS TX 77429

*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:** WHITE , W. WADE , M.D.

MGR

04/29/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date