

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000003557

**Entity Name:** CYTOCHECK LABORATORY, LLC**Current Principal Place of Business:**1201 CORPORATE DR.  
PARSONS, KS 67357**Current Mailing Address:**1201 CORPORATE DRIVE  
PARSONS, KS 67357 US**FEI Number:** 35-2611308**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST.  
SUITE 4  
TALLAHASSEE, FL 32301 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	MANAGER
Name	DANTIC, JASON
Address	1201 CORPORATE DRIVE
City-State-Zip:	PARSONS KS 67357

Title	MANAGER
Name	WILSON, JEFF
Address	14425 COLLEGE BLVD, STE 130
City-State-Zip:	LENEXA KS 66215

Title	MANAGER
Name	LEONARD, D.O., RONALD L.
Address	1201 CORPORATE DRIVE
City-State-Zip:	PARSONS KS 67357

Title	MANAGER
Name	CAUGHRON, M.D., SAMUEL K.
Address	14425 COLLEGE BLVD, STE 130
City-State-Zip:	LENEXA KS 66215

Title	MANAGER
Name	SRAMEK, D.O., BRETT W.
Address	14425 COLLEGE BLVD, STE 130
City-State-Zip:	LENEXA KS 66215

*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:** RONALD L. LEONARD, D.O.

MANAGER/PRESIDENT

04/29/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date