

2023 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

04/10/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date