

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jul 11, 2007 08:00 AM
Secretary of State**

DOCUMENT # L01000008999

1. Entity Name
UNIVERSITY NUCLEAR & DIAGNOSTICS, LLC



Principal Place of Business
3700 WASHINGTON STREET
#408
HOLLYWOOD, FL 33021

Mailing Address
3700 WASHINGTON STREET
#408
HOLLYWOOD, FL 33021



07052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1129924	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SOFFER, ARIEL D
3700 WASHINGTON STREET
#408
HOLLYWOOD, FL 33021

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. CLAFLIN, CHRIS C CEO 3700 WASHINGTON STREET, #408 HOLLYWOOD, FL 33021
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. SOFFER, ARIEL D CHAIRMAN 3700 WASHINGTON STREET, #408 HOLLYWOOD, FL 33021
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. CLAVERO, ARMANDO CTO 3700 WASHINGTON STREET, #408 HOLLYWOOD, FL 33021
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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07/11/07-80007-022 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/6/07 (854) 985-6255
Date Daytime Phone #