2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 22, 2009
Secretary of State

DOCUMENT# L01000008999

Entity Name: UNIVERSITY NUCLEAR & DIAGNOSTICS, LLC

Current Principal Place of Business:

3700 WASHINGTON STREET
#408
HOLLYWOOD, FL 33021

New Principal Place of Business:

10396 W SR 84
104
DAVIE, FL 33324

Current Mailing Address:

3700 WASHINGTON STREET
#408
HOLLYWOOD, FL 33021

New Mailing Address:

10396 W SR 84
104
DAVIE, FL 33324

FEI Number: 65-1129924 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CLAVERO, ARMANDO D
10396 WSR84
104
DAVIE, FL 33324 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: ARMANDO CLAVERO 07/22/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MR. (X) Delete
Name: SOFFER, ARIEL D CHAIRMA
Address: 3700 WASHINGTON STREET, #408
City-St-Zip: HOLLYWOOD, FL 33021

Title: MR. ( ) Delete
Name: CLAVERO, ARMANDO CTO
Address: 3700 WASHINGTON STREET, #408
City-St-Zip: HOLLYWOOD, FL 33021

Title: CEO (X) Delete
Name: CLAVERO, ARMANDO N
Address: 3700 WASHINGTON STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MR. (X) Change ( ) Addition
Name: CLAVERO, ARMANDO
Address: 10396 WSR84 SUITE 104
City-St-Zip: DAVIE, FL 33324

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ME ( ) Change (X) Addition
Name: FREIDLAND, ROCHELLE
Address: 10396 WSR84
City-St-Zip: DAVIE, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: ARMANDO CLAVERO MR 07/22/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date