

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90055 019 ****50.00

DOCUMENT # L02000005870



1. Entity Name
DAIMONION DIAGNOSTICS, LLC

Principal Place of Business Mailing Address
8032 S.W. 45TH LANE 8032 S.W. 45TH LANE
GAINESVILLE FL 32608 GAINESVILLE FL 32608

20022401



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
02-0573903 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOODHOUSE, CHARLES F
224 N.E. 10TH AVENUE
GAINESVILLE FL 32601

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	President, MGRM	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Add		TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Ronald L Hayes			NAME	Stephanie George		
STREET ADDRESS	8032 SW 45th Lane			STREET ADDRESS	8032 SW 45th Lane		
CITY-ST-ZIP	Gainesville, FL 32608			CITY-ST-ZIP	Gainesville, FL 32608		
TITLE	MGRM	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Add		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Kevin Wang			NAME			
STREET ADDRESS	8032 SW 45th Lane			STREET ADDRESS			
CITY-ST-ZIP	Gainesville, FL 32608			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Add		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Nancy Denslow			NAME			
STREET ADDRESS	8032 SW 45th Lane			STREET ADDRESS			
CITY-ST-ZIP	Gainesville, FL 32608			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Add		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Lee May			NAME			
STREET ADDRESS	8032 SW 45th Lane			STREET ADDRESS			
CITY-ST-ZIP	Gainesville, FL 32608			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Add		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	David Flagg			NAME			
STREET ADDRESS	8032 SW 45th Lane			STREET ADDRESS			
CITY-ST-ZIP	Gainesville, FL 32608			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Add		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Douglas Campbell			NAME			
STREET ADDRESS	8032 SW 45th Lane			STREET ADDRESS			
CITY-ST-ZIP	Gainesville, FL 32608			CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Stephanie George SIGNATURE REQUIRED Stephanie George 2/3/03 352-871-1508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)