


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90107 001 ***100.00

DOCUMENT # L03000039118

1. Entity Name
ACCESS DIAGNOSTICS SARASOTA, LLC



Principal Place of Business
**842 SUNSET LAKE BLVD., STE. 301
 VENICE, FL 34292**


Mailing Address
**P.O. BOX 447
 VENICE, FL 34284**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



03302005 Chg-LLC CR2E083 (10/03)

4. FEI Number
73-1682624

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MILEY, STEPHEN M M.D.
 842 SUNSET LAKE BLVD., STE. 301
 VENICE, FL 34292**

7. Name and Address of New Registered Agent

Name **Wm. H. Hicks**

Street Address **842 SUNSET LAKE BLVD**
(P.O. Box Number is Not Acceptable)

SUITE 301

City **VENICE** FL **34292**

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 *Wm. Hicks CFO* DATE 4/7/05

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

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILEY, STEPHEN M M.D. 842 SUNSET LAKE BLVD., STE. 301 VENICE, FL 34292 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* Date 4-5-05 Daytime Phone # 941 488-5791

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