2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000043006

1. Entity Name
DIAGNOSTIC INSTRUMENTS, LLC



FILED Jan 20, 2006 08:00 AN Secretary of State

Principal Place of Business 713 FORSYTH STREET BOCA RATON, FL 33487 Mailing Address 713 FORSYTH STREET BOCA RATON, FL 33487

DO NOT WRITE IN THIS SPACE

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

01112006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 77-0635199 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GAWLAS, SUSAN M 713 FORSYTH STREET BOCA RATON, FL 33487

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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 May 1, 2008			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAWLAS, SUSAN M 713 FORSYTH STREET BOCA RATON, FL 33487		D00000393330 01/25/06-80016-008 50.00 DO NOT WRITE IN THIS SPACE
TITLE HAME Street address City-St-Zip			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	
TITLE NAME STREET ADDRESS CITY+ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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.			

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