

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023354

FILED  
May 02, 2006  
Secretary of State

Entity Name: MEDIAGNOSTIC & ASSOCIATED, LLC

**Current Principal Place of Business:**

16749 NW 13TH COURT  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

**Current Mailing Address:**

16749 NW 13TH COURT  
PEMBROKE PINES, FL 33028

**New Mailing Address:**

FEI Number: 36-4570503      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

ROMANELLO PROFESSIONAL ASSOCIATION  
11555 HERON BAY BOULEVARD  
SUITE 200  
CORAL SPRINGS, FL 33076 US

**Name and Address of New Registered Agent:**

MORIYON, L S  
16749 NW 13 COURT  
PEMBROKE PINES, FL 33028 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: LUZ S MORIYON

05/02/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MORIYON, LUIS E  
Address: 16749 NW 13TH COURT  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MEM ( ) Delete  
Name: MORIYON, LUZ S  
Address: 16749 NW 13TH COURT  
City-St-Zip: PEMBROKE PINES, FL 33028

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MORIYON, LUIS E MEM  
Address: 16749 NW 13TH COURT  
City-St-Zip: PEMBROKE PINES, FL 33028

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LUZ S MORIYON

MEM

05/02/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date