

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000093505

FILED
Jan 09, 2012
Secretary of State

Entity Name: DIAGNOSTIC SOLUTIONS LLC

Current Principal Place of Business:

544 S. BRIDGE CREEK DR.
JACKSONVILLE, FL 32259 US

New Principal Place of Business:

Current Mailing Address:

544 S. BRIDGE CREEK DR.
JACKSONVILLE, FL 32259 US

New Mailing Address:

FEI Number: 32-0295065

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PANKEY, KIMBERLY
544 S. BRIDGE CREEK DR.
JACKSONVILLE, FL 33259 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: PANKEY, KIMBERLY
Address: 544 S. BRIDGE CREEK DR.
City-St-Zip: JACKSONVILLE, FL 33259 US

Title: MGRM
Name: PANKEY, STEVE
Address: 544 S. BRIDGE CREEK DR.
City-St-Zip: JACKSONVILLE, FL 33259 US

Title: MGRM
Name: SMITH, ROSANNA
Address: 13128 QUINCY BAY DR.
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: MGRM
Name: SMITH, SAMUEL
Address: 13128 QUINCY BAY DR.
City-St-Zip: JACKSONVILLE, FL 32224 US

I hereby 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: KIMBERLY A. PANKEY

MGRM

01/09/2012

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