


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG -1 AM 9:40

DOCUMENT # L00000003739 1. Entity Name CNC DIAGNOSTIC, LLC	
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Principal Place of Business 7610 INDUSTRIAL W #14 TAMPA, FL 33637	Mailing Address 7610 INDUSTRIAL W #14 TAMPA, FL 33637
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DO NOT WRITE IN THIS SPACE



07272005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3637542	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent BONHAM-LOVETT, KEVIN 7610 INDUSTRIAL W #14 TAMPA, FL 33637	DO NOT WRITE IN THIS SPACE
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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)

Filing Fee is \$50.00
Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	BONHAM-LOVETT, KEVIN
STREET ADDRESS	7610 INDUSTRIAL W #14
CITY- ST- ZIP	TAMPA, FL 33637
TITLE	MGR
NAME	VACANTI, CATHERINE
STREET ADDRESS	7610 INDUSTRIAL W #14
CITY- ST- ZIP	TAMPA, FL 33637
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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: Kevin Bonham Lovett Date: 7-25-05 Davimo Phone #: 813-983-1870

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