


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 18, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L00000009981 |  |
| 1. Entity Name GLOBAL MEDICAL DIAGNOSTICS, LLC | |

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|---|---|
| Principal Place of Business 5912 BEACH BLVD JACKSONVILLE FL 32207 | Mailing Address 5912 BEACH BLVD JACKSONVILLE FL 32207 |
|---|---|

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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | | | |
|--------------|--------------|------------------------------------|-------------------------------|
| City & State | City & State | 4. FEI Number 59-3651826 | Applied For Not Applicable |
| Zip | Country | Zip | Country |



1st MOORE CR2E083 (10/04)

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|---|--|
| 6. Name and Address of Current Registered Agent RAYNE, KEITH 5912 BEACH BLVD. JACKSONVILLE FL 32207 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL Zip Code |

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM RAYNE, KEITH E D.C. 8920 HECKSCHER DR JACKSONVILLE FL 32226 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM VESTAL, ROBERT M 8920 HECKSCHER DR JACKSONVILLE FL 32226 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM OLEVNIK, JOHN P D.C. 8920 HECKSCHER DR JACKSONVILLE FL 32226 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | 000000373465 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 07/18/05-80016-011 50.00 |
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/11/05