


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Sep 09, 2005 8:00 am**  
**Secretary of State**

09-09-2005 90115 035 \*\*\*\*50.00

<b>DOCUMENT # L00000009981</b>	
1. Entity Name <b>GLOBAL MEDICAL DIAGNOSTICS, LLC</b>	

Principal Place of Business <b>5912 BEACH BLVD JACKSONVILLE FL 32207</b>	Mailing Address <b>5912 BEACH BLVD JACKSONVILLE FL 32207</b>
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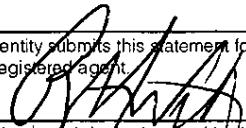


2. Principal Place of Business		3. Mailing Address <b>4378 Arunga Exp</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b># 503</b>	
City & State		City & State <b>Jacksonville, FL</b>	
Zip	Country	Zip	Country
		<b>32225</b>	<b>USA</b>

2nd MOORE CR2E083 (5/05)

6. Name and Address of Current Registered Agent  <b>RAYNE, KEITH 5912 BEACH BLVD. JACKSONVILLE FL 32207</b>	
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4. FEI Number <b>59-3651826</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 	DATE <b>9/6/05</b>

<p align="center"><b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By September 7, 2005</b></p>	
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM RAYNE, KEITH E.D.C. 8920 HECKSCHER DR JACKSONVILLE FL 32226</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM VESTAL, ROBERT M 8920 HECKSCHER DR JACKSONVILLE FL 32226</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM OLEVNIK, JOHN P D.C. 8920 HECKSCHER DR JACKSONVILLE FL 32226</b> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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.	
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**SIGNATURE:**

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

**9/6/05** **904 2510013**

Date Daytime Phone #