# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
01 MAY -3 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000015660

1. Entity Name
HEMA DIAGNOSTIC SYSTEMS, L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 1625 SE 10TH AVENUE, SUITE 502<br>FT. LAUDERDALE, FLORIDA 33316 | |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1625 SE 10TH AVENUE | |
| Suite, Apt. #, etc.: 502 | Suite, Apt. #, etc. |
| City & State: FT LAUDERDALE FL | City & State |
| Zip: 33316 Country: BROWARD | Zip Country |

DO NOT WRITE IN THIS SPACE

4. FEI Number: APPLIED FOR — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| ANDREW H. BOROS<br>999 PONCE de LEON, SUITE 550<br>CORAL GABLES, FLORIDA | Name: JAMES CLEGGETT<br>Street Address (P.O. Box Number is Not Acceptable): 1625 SE 10TH AVE.<br>SUITE 502<br>City: FT. LAUDERDALE FL Zip Code: 33316 |

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.

SIGNATURE: JAMES CLEGGETT James Cleggett 4/25/01
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 Department of State

200004323662--7
-05/25/01--01073--011
*****55.00 *****55.00

| 9. MANAGING MEMBERS / MEMBERS | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MANAGING MEMBER<br>JAMES CLEGGETT<br>1625 SE 10TH AVE SUITE 502<br>FT LAUDERDALE FL. 33316 | [ ] Delete | [ ] Change [ ] Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | [ ] Delete | [ ] Change [ ] Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | [ ] Delete | [ ] Change [ ] Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | [ ] Delete | [ ] Change [ ] Addition |

CR2E083 (11/00)

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: JAMES CLEGGETT James Cleggett 4/25/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #