2/12

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

02-12-2002 90056 035 *****5.00
03-24-2002 90035 046 ****50.00

[redacted] 953255

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000015660

1. Entity Name
HEMA DIAGNOSTIC SYSTEMS, LLC

Principal Place of Business	Mailing Address
1625 SE 10TH AVENUE, SUITE 502 FT. LAUDERDALE FL 33316	1625 SE 10TH AVENUE, SUITE 502 FT. LAUDERDALE FL 33316

2. Principal Place of Business		3. Mailing Address	
650 WEST AVENUE		650 WEST AVENUE	
Suite, Apt. #, etc. 2507		Suite, Apt. #, etc. 2507	
City & State MIAMI BEACH, FL		City & State MIAMI BEACH, FL	
Zip 33139	Country USA	Zip 33139	Country USA

4. FEI Number 65-1138763 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CLEGGETT, JAMES 1625 SE 10TH AVENUE, SUITE 502 FT. LAUDERDALE FL 33316	Name LAWRENCE SALVO Street Address (P.O. Box Number is Not Acceptable) 650 WEST AVENUE SUITE 2507 City MIAMI BEACH FL Zip Code 33139

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 LAWRENCE SALVO, MGRM DATE 1/23/02

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

FILE NOW!!! FEE IS $50.00 +5.
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLEGGETT, JAMES 1625 SE 10TH AVENUE, SUITE 502 FT. LAUDERDALE FL 33316	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAWRENCE SALVO 650 WEST AVENUE, SUITE 2507 MIAMI BEACH, FL. 33139	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 REQUIRED Date 1/23/02 Daytime Phone # 305 535 6123

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

CR2E083 (9/01)