## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L00000015660

Entity Name: HEMA DIAGNOSTIC SYSTEMS, LLC

FILED Apr 26, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 650 WEST AVENUE 2507 MIAMI BEACH, FL 33139 **New Mailing Address: Current Mailing Address:** 650 WEST AVENUE 2507 MIAMI BEACH, FL 33139 FEI Number: 65-1138763 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SALVO, LAWRENCE LUIS, AGUDELO A DF 650 WEST AVENUE 650 WÉST AVE **SUITE 2507** SUITE 2507 MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 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: LUIS A AGUDELO 04/26/2004 Electronic Signature of Registered Agent Date **MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:** MGRM () Delete () Change () Addition SALVO, LAWRENCE Name: Name: Address: 650 WEST AVE STE 2507 Address: City-St-Zip: MIAMI BCH, FL 33139 City-St-Zip:

Title: Title: MGR ( ) Change (X) Addition ( ) Delete

Name: Name: AGUDELO, LUIS A MGR Address: Address: 650 WEST AVENUE, #2507 City-St-Zip: City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LUIS A AGUDELO 04/26/2004