

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015660

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: HEMA DIAGNOSTIC SYSTEMS, LLC

**Current Principal Place of Business:**

1666 KENNEDY CAUSEWAY STE. 401  
NORTH BAY VILLAGE, FL 33141

**New Principal Place of Business:**

**Current Mailing Address:**

1666 KENNEDY CAUSEWAY  
401  
NORTH BAY VILLAGE, FL 33141

**New Mailing Address:**

FEI Number: 65-1138763

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LUIS, AGUDELO A DF  
1666 KENNEDY CAUSEWAY  
401  
NORTH BAY VILLAGE, FL 33141 US

**Name and Address of New Registered Agent:**

LUIS, AGUDELO A DM  
1666 KENNEDY CAUSEWAY  
401  
NORTH BAY VILLAGE, FL 33141 US

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

04/26/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SALVO, LAWRENCE  
Address: 1666 KENNEDY CAUSEWAY , SUITE 401  
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: MGR ( ) Delete  
Name: AGUDELO, LUIS A MGR  
Address: 1666 KENNEDY CAUSEWAY , SUITE 401  
City-St-Zip: NORTH BAY VILLAGE, FL 33141

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

MGR

04/26/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date