


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 16, 2007 8:00 am
Secretary of State

08-16-2007 90080 021 ****50.00

DOCUMENT # L00000015660					
1. Entity Name HEMA DIAGNOSTIC SYSTEMS, LLC					
Principal Place of Business 1666 KENNEDY CAUSEWAY STE. 401 NORTH BAY VILLAGE, FL 33141			Mailing Address 1666 KENNEDY CAUSEWAY 401 NORTH BAY VILLAGE, FL 33141		
2. Principal Place of Business - No P.O. Box # 10102 USA Today Way		3. Mailing Address 10102 USA Today Way			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miramar, Florida		City & State Miramar, Florida		4. FEI Number 65-1138763	
Zip 33025		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LUIS, AGUDELO A DM 1666 KENNEDY CAUSEWAY 401 NORTH BAY VILLAGE, FL 33141			Name Carol J. Gillespie		
			Street Address (P.O. Box Number is Not Acceptable) 10102 USA Today Way		
			City Miramar		
			FL		Zip Code 33025
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 <i>Carol J. Gillespie</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <i>July 31, 2007</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM NAME SALVO, LAWRENCE STREET ADDRESS 1666 KENNEDY CAUSEWAY, SUITE 401 CITY-ST-ZIP NORTH BAY VILLAGE, FL 33141	<input type="checkbox"/> Delete		TITLE MGRM NAME Salvo, Lawrence STREET ADDRESS 300 S. Point Dr. #1101 CITY-ST-ZIP Miami Beach, Florida 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME AGUDELO, LUIS A MGR STREET ADDRESS 1666 KENNEDY CAUSEWAY, SUITE 401 CITY-ST-ZIP NORTH BAY VILLAGE, FL 33141	<input checked="" 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	
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 exemptions contained in Chapter 119, 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 and I will not expose this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE <i>7/31/07</i> Daytime Phone # <i>305-488-4590</i>		