2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000002112 1. Entity Name

ACCLAIM DIAGNOSTICS L.L.C.

Principal Place of Business

6. Name and Address of Current Registered Agent

MANAGING MEMBERS/MANAGERS

13307 WHISPERINE PALMS PL. # 304

SIGNATURE KICHALD J. EINHOLD PARTNER Signature, typed or printed name of registered agent and title if applicable.

RICHARD J. EINHORN

<u> 2LDSMAR, FL. 34677</u>

MOREEN. A. AUSTIN

2001 SHEFFIELD CT.

13307 WHISPERING PALMS PLACE

2. Principal Place of Business

inellas Park

7660 66th 5t.N.

EINHORN, RICHARD

2001 SHEFFIELD CT. OLDSMAR FL 34677

PARTNER

PARTHER

APT. 304 LARGO FL 33774-2558

Suite, Apt. #, etc.

City & State

9.

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Mailing Address

13307 WHISPERING PALMS PLACE

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City

FILE NOW!!! FEE IS \$50.00

Due By May 1, 2002

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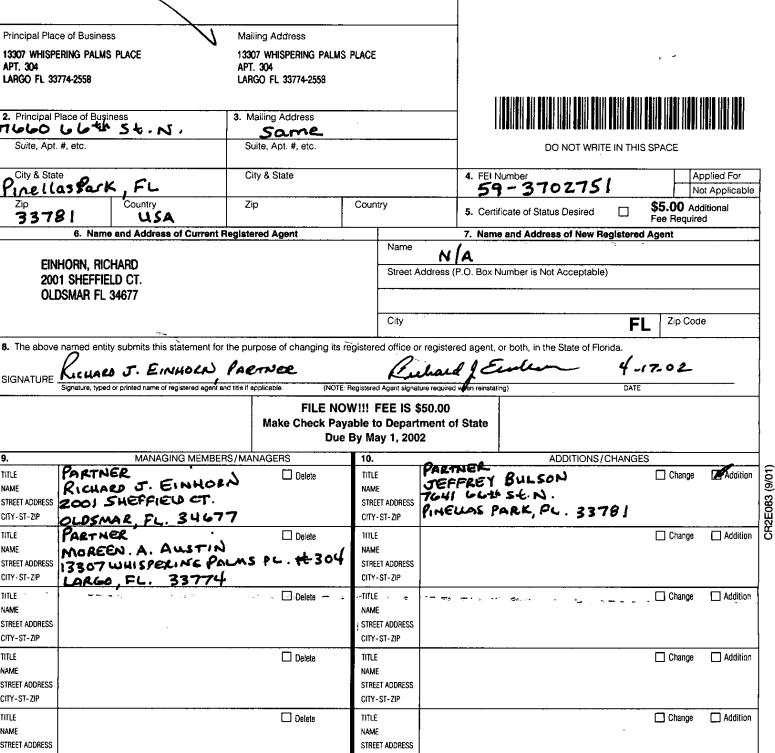
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3. Mailing Address

City & State

Suite, Apt. #, etc.

FILED
May 07, 2002 8:00 am
Secretary of State
05 07 2002 90372 021 ****50 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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED

NING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

724-541-6588

Addition