
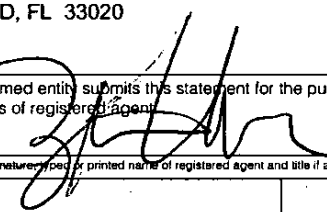


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90145 050 ****50.00

| | | | | | |
|--|--|--|---|---|--|
| DOCUMENT # L01000004164 1. Entity Name ATLAS DIAGNOSTICS LLC | | | |  | |
| Principal Place of Business 1112 WESTON ROAD #226 WESTON, FL 33326 | | | Mailing Address 1112 WESTON ROAD #226 WESTON, FL 33326 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 02072006 Chg-LLC CR2E083 (11/05) | |
| 4. FEI Number 74-2994483 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 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 | | |
| COHN, ALAN B ESQ. ABRAMS ANTON P.A. 2021 TYLER STREET HOLLYWOOD, FL 33020 | | | Name Alan Cohn, ESQ. Street Address (P.O. Box Number is Not Acceptable) c/o GREENSPOON HARDER P.A. 100 W. Cypress Creek Rd. City Ft. Lauderdale FL Zip Code 33309 | | |
| 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  | | | DATE 2/7/06 | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM JMLS FAMILY LTD. 1112 WESTON ROAD #226 WESTON, FL 33326 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FRED COHEN REVOCABLE TRUST c/o Dr. Fred Cohen 10238 Combarby Dr. Tamarac, FL 33321 |
| | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SP FAMILY LTD. 2940 N.E. 188TH STREET, #111 AVENTURA, FL 33180 | <input type="checkbox"/> Delete | | | |
| | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| | | <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 empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE:  | | | DATE 2/7/06 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Daytime Phone # | | |