

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

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



02012007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
74-2994483

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

COHN, ALAN ESQ  
C/O GREENSPOON MAEDER P.A.  
100 W CYPRESS CREEK RD  
FORT LAUDERDALE, FL 33309

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JMLS FAMILY LTD. 1112 WESTON ROAD #226 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SP FAMILY LTD. 2940 N.E. 188TH STREET, #111 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRED COHEN REVO CABLE TRUST C/O DR. FRED COHN, 10238 LEMBARDY DR TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000621442  
02/12/07-80017-005 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_