


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000004164</b> 1. Entity Name ATLAS DIAGNOSTICS LLC	
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Principal Place of Business 1112 WESTON ROAD #226 WESTON, FL 33326	Mailing Address 1112 WESTON ROAD #226 WESTON, FL 33326
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**DO NOT WRITE IN THIS SPACE**



04232008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 74-2994483	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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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
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**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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

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	

U000000337068  
05/27/08-80034-013 138.75

**DO NOT WRITE  
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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 #