
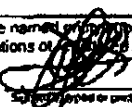
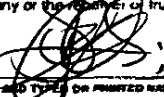


**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90228 015 \*\*\*\*50.00

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

<b>DOCUMENT # L01000005820</b>			
1. Entity Name <b>CORAL WAY DIAGNOSTIC &amp; MEDICAL SERVICES, LLC</b>			
Principal Place of Business <b>321 23RD ST. MARATHON FL 33050</b>		Mailing Address <b>321 23RD ST. MARATHON FL 33050</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>WRIGHT, THOMAS D. 9711 OVERSEAS HWY., STE. 5 MARATHON FL 33050</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named agent 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, the registered agent.			
SIGNATURE 		DATE <b>2-26-04</b>	
SIGNATURE (Printed name of registered agent and title of agent)		DATE	
<b>FILE NOW!! FEE IS \$50.00</b> Make Check Payable to Florida Department of State Due By May 1, 2004			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM RODRIGUEZ, DAVID 321 23RD ST. MARATHON FL 33050</b> <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	<b>MGRM RODRIGUEZ, MARTA 321 23RD ST. MARATHON FL 33050</b> <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
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 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 limited liability company or the trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		DATE: <b>3/22/04</b> 305-858-8988	
SIGNATURE (Printed name of signing managing member, manager, or authorized representative)		DATE	

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MOORE CR2E083 (11/03)