


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90268 001 ***100.00

DOCUMENT # L01000005920

1. Entity Name
CORAL WAY DIAGNOSTIC & MEDICAL SERVICES, LLC



Principal Place of Business
**321 23RD ST.
 MARATHON, FL 33050**

Mailing Address
**321 23RD ST.
 MARATHON, FL 33050**

2. Principal Place of Business
1333 Coral Way
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 450676
 Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miami FL

Zip
33145 Country
USA

Zip
33245-0676 Country
USA



04192005 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1095312

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

8. Name and Address of Current Registered Agent
**WRIGHT, THOMAS D
 9711 OVERSEAS HWY., STE. 5
 MARATHON, FL 33050**

7. Name and Address of New Registered Agent
 Name *MARTA N. Luaces Rodriguez*
 Street Address (P.O. Box Number is Not Acceptable)
1333 Coral Way
 City *Miami* FL Zip Code *33145*

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 *MARTA N LUACES RODRIGUEZ* DATE *4/20/05*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RODRIGUEZ, DAVID 321 23RD ST. MARATHON, FL 33050 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager DAVID RODRIGUEZ 1333 CORAL WAY MIAMI FL 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RODRIGUEZ, MARTA 321 23RD ST. MARATHON, FL 33050 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager MARTA N. LUACES RODRIGUEZ 1333 CORAL WAY MIAMI FL. 33145 <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
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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 receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE: *MARTA N LUACES RODRIGUEZ* DATE *4/20/05*
SIGNATURE AND TYPE, OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #