

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012723

FILED
Jan 23, 2006
Secretary of State

Entity Name: PREFERRED MEDICAL DIAGNOSTIC MANAGEMENT, LLC

Current Principal Place of Business:

385 CENTERPOINTE CIRCLE
SUITE 1319
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

385 CENTER POINTE CIRCLE
SUITE 1319
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

P.O. BOX 161569
ALTAMONTE SPRINGS, FL 32716

New Mailing Address:

FEI Number: 59-3734525 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

EMERY, DONALD R
3525 WEST KELLY PARK RD.
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: EMERY, DONALD R
Address: 3525 KELLY PARK ROAD
City-St-Zip: APOPKA, FL 32712

Title: MGR () Delete
Name: EMERY, ANNETTE M
Address: 3525 W. KELLY PARK RD.
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DONALD R EMERY

MGR

01/23/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date