## **2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # L01000012723

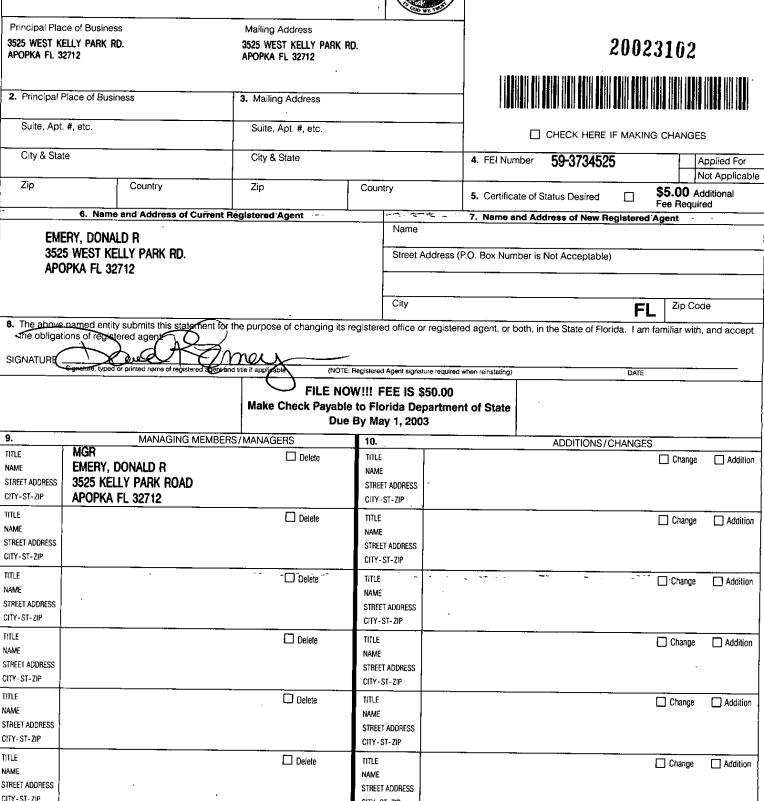
1. Entity Name

## PREFERRED MEDICAL DIAGNOSTIC MANAGEMENT, LLC



**FILED** Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90027 049 \*\*\*\*50.00



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 608, Florida Statutes.

CITY-ST-ZIP

SIGNATURE