

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016240

FILED
Jul 07, 2008
Secretary of State

Entity Name: UNIVERSITY DIAGNOSTIC INSTITUTE WINTER PARK, PLLC

Current Principal Place of Business:

3301 ALUMNI DRIVE
TAMPA, FL 33602

New Principal Place of Business:

111 NORTH LAKEMONT AVENUE
SUITE 1A
WINTER PARK, FL 32792

Current Mailing Address:

3301 ALUMNI DRIVE
TAMPA, FL 33602

New Mailing Address:

111 NORTH LAKEMONT AVENUE
SUITE 1A
WINTER PARK, FL 32792

FEI Number: 59-3746972 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BEYER, DAVID A
101 EAST KENNEDY BLVD., SUITE 2000
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

STANLEY, GEORGE A
111 NORTH LAKEMONT AVENUE
SUITE 1A
WINTER PARK, FL 32792 US

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: GEORGE A. STANLEY

07/07/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ARRINGTON, JOHN A MD
Address: 3301 ALUMNI DR
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: STANLEY, GEORGE A MD
Address: 111 NORTH LAKEMONT AVENUE
City-St-Zip: WINTER PARK, FL 32792

Title: MGRM (X) Delete
Name: MURTAGH, F. REED MD
Address: 3301 ALUMNI DR
City-St-Zip: TAMPA, FL 33612

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

Title: MGRM (X) Delete
Name: SILBIGER, MARTIN L MD
Address: 3301 ALUMNI DR
City-St-Zip: TAMPA, FL 33612

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

Title: MGRM (X) Delete
Name: STALLWORTH, DEXLER G MD
Address: 3301 ALUMNI DR
City-St-Zip: TAMPA, FL 33612

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

Title: MGRM (X) Delete
Name: STANLEY, GEORGE MD
Address: 3301 ALUMNI DR
City-St-Zip: TAMPA, FL 33612

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

I hereby certify that the information supplied with this filing does not qualify 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: GEORGE A. STANLEY

MGRM

07/07/2008

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