

# 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

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

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

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

Title: MGRM (X) Delete  
Name: STANLEY, GEORGE 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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 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