

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000016240

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** UNIVERSITY DIAGNOSTIC INSTITUTE WINTER PARK, PLLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-3746972

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BEYER, DAVID A  
C/O DLA PIPER US LLP  
100 NORTH TAMPA STREET, SUITE 2200  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

STANLEY, GEORGE A MD  
C/O UDI WINTER PARK  
111 N. LAKEMONT AVE.  
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, MD

01/05/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

I hereby 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, MD

MGRM

01/05/2010

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