

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2003 8:00 am**  
**Secretary of State**

02-04-2003 90055 019 \*\*\*\*50.00

**DOCUMENT # L02000005870**

1. Entity Name

**DAIMONION DIAGNOSTICS, LLC**



Principal Place of Business

**8032 S.W. 45TH LANE  
GAINESVILLE FL 32608**

Mailing Address

**8032 S.W. 45TH LANE  
GAINESVILLE FL 32608**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**02-0573903**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**20022401**



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOODHOUSE, CHARLES F  
224 N.E. 10TH AVENUE  
GAINESVILLE FL 32601**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, MGRM Ronald L Hayes 8032 SW 45th Lane Gainesville, FL 32608	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Kevin Wang 8032 SW 45th Lane Gainesville, FL 32608	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Nancy Denslow 8032 SW 45th Lane Gainesville, FL 32608	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Lee May 8032 SW 45th Lane Gainesville, FL 32608	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM David Flagg 8032 SW 45th Lane Gainesville, FL 32608	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Douglas Campbell 8032 SW 45th Lane Gainesville, FL 32608	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Add

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Stephanie George 8032 SW 45th Lane Gainesville, FL 32608	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

**SIGNATURE REQUIRED**

**Stephanie George**

**2/3/03**

**352-871-1508**

CR2E083 (10/02)