## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L02000007565



1. Entity Nam ADVANC	ED DIAGNOSTICS, LLC					05-24-2004 9	90528 026	****50.00	)	
Principal Plac 297 SW 27TI MIAMI, FL 3	h avenue	Mailing Address 3037 PREMIERE PKWY SUITE 100 DULUTH, GA 30097			1 11111111	ATI AATIN JOOJI NAJII KRISI J	ISKI BEKI BUKI I	Ran dhied biidh ai		
2. Principal Place of Business		3. Mailing Address 3039 PREMIERE PKWY								
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 100			01192004	Chg-LLC	CR2E0	083 (10/03)		
City & Stat	e	Dulury,	ÍΑ		4. FEI Nun 65-11	nber 25431		<u> </u>	oplied For ot Applicable	
Zip څ	Country	Zip 30097	Country	<i>y</i>		ite of Status Desired		\$5.00 Add Fee Require		
: •	6. Name and Address of Current	Registered Agent			7. Name a	nd Address of New	Registered	Agent		
			1	Name						
	:ARLOS 49TH STREET FL 33013		Street Address			(P.O. Box Number is Not Acceptable)				
			-	City			FL	Zip Cod		
·					<u>_</u>			<u> </u>		
	named entity submits this statement for	r the purpose of changing its	registered	l office or	r registered agent, or l	ooth, in the State of I	Florida. I am	familiar with,	and accept	
line obligat	tions of registered agent.									
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE	Registered A	Agent signali	ure required when reinstating)		DATE			
<del>                                     </del>	Elgricules, types or privile and registrate agent	(101				Carrier Street	140,000	is Figure 1	A YOU SHIP.	
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	ue by May 1, 2004					T 4861 4 12 12 13 13 13 15 15 15 15 15 15 15 15 15 15 15 15 15	da Departm	JANAS ALVERTAN SE	9	
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supplied with this fung does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that fly signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the liver or frustee empowered to execute this report as required by Chapter 608, Florida Statutes. I hereby certify that the information indicated on this report is true and limited liability company or the rec

SIGNATURE:

IGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

678-473-0484