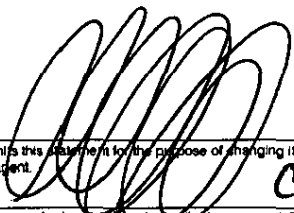
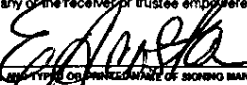


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92173 018 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000007565			
1. Entity Name ADVANCED DIAGNOSTICS, LLC			
Principal Place of Business 297 SW 27TH AVENUE MIAMI, FL 33135		Mailing Address 297 SW 27TH AVENUE MIAMI, FL 33135	
2. Principal Place of Business		3. Mailing Address 3039 PREMIERE PKWY	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 100	
City & State		City & State DULUTH GA	
Zip	Country	Zip	Country
33097	US	30097	US
4. FEI Number 65-1125431		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SANTANDER, OLGA 297 SW 27TH AVENUE MIAMI, FL 33135		Name CARLOS LIDSKY Street Address (P.O. Box Number is Not Acceptable) 145 EAST 49TH STREET City HIALEAH FL Zip Code 33013	
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: 		Date 4/18/03	
NOTE: Registered Agent Signature required when eliminating.			
FILE NOW WITH FEE \$15.00 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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 606, Florida Statutes.			
SIGNATURE: 		Date 4/18/03	
SIGNATURE AND TITLE OF PRINCIPAL OFFICER OF RECORD: MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

CH2E083 (10/02)