

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000029019

1. Entity Name
MONTEREY MEDICAL DIAGNOSTIC CENTER, L.C.



Principal Place of Business
**1050 S.E. MONTEREY ROAD, SUITE #102
STUART, FL 34994**

Mailing Address
**1050 S.E. MONTEREY ROAD, SUITE #102
STUART, FL 34994**



07062004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0649349	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ELLIOTT, NICHOLAS
1050 S.E. MONTEREY ROAD, SUITE #102
STUART, FL 34994**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

7/7/04
DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR. ELLIOTT, NICHOLAS 1050 S.E. MONTEREY ROAD, SUITE #102 STUART, FL 34994
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/7/04
DATE

772 288 1220
Daytime Phone # **Ext 110**

**DO NOT WRITE
IN THIS SPACE**

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