2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029019

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

FILED Apr 27, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1050 S.E. MONTEREY ROAD, SUITE #102 1050 S.E. MONTEREY ROAD, SUITE #101 STUART, FL 34994

STUART, FL 34994

Current Mailing Address: New Mailing Address:

1050 S.E. MONTEREY ROAD, SUITE #102 1050 S.E. MONTEREY ROAD, SUITE #101

STUART, FL 34994 STUART, FL 34994

FEI Number: 02-0649349 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ELLIOTT, NICHOLAS ELLIOTT, NICHOLAS

1050 S.E. MONTEREY ROAD, SUITE #102 1050 S.E. MONTEREY ROAD, SUITE #101

STUART, FL 34994 STUART, FL 34994 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: 04/27/2005

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

MGRM () Delete Title: (X) Change () Addition

ELLIOTT, NICHOLAS ELLIOTT, NICHOLAS Name: Name: Address: 1050 S.E. MONTEREY ROAD, SUITE #102 Address: 1050 S.E. MONTEREY ROAD, SUITE #101

City-St-Zip: STUART, FL 34994 City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NICHOLAS ELLIOTT **MGRM** 04/27/2005