

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

FILED
Jun 09, 2003 8:00 am
Secretary of State

4/2:

04-23-2003 90129 022 ****50.00

DOCUMENT # L02000029019

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

Principal Place of Business
1050 S.E. MONTEREY ROAD
STUART FL 34994

Mailing Address
1050 S.E. MONTEREY ROAD
STUART FL 34994

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



44004030



CHECK HERE IF MAKING CHANGES

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
**MILNER, ROY
BLAKE, TORRES AND MILDNER
423 DELAWARE AVENUE
FORT PIERCE FL 34948**

7. Name and Address of New Registered Agent
Name: **Michael Byrd**
Street Address (P.O. Box Number is Not Acceptable):
1050 S.E. Monterey Road
City: **STUART** FL Zip Code: **34994**

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: *Michael Byrd* DATE: **4/30/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: *Michael Byrd* DATE: **4/30/03** (772) 220-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (10/02)