


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90039 019 ****55.00

DOCUMENT # L03000000721

1. Entity Name
VIERA DIAGNOSTIC CENTER, L.L.C.



Principal Place of Business
**7575 S. TROPICAL TRAIL
 MERRITT ISLAND, FL 32952**

Mailing Address
**7575 S. TROPICAL TRAIL
 MERRITT ISLAND, FL 32952**



2. Principal Place of Business
7000 Spyglass Ct

3. Mailing Address
7000 Spyglass Ct

Suite, Apt. #, etc.
Suite # 260

City & State
Viera, FL

Zip Country
32940 USA

01122004 Chg-LLC CR2E083 (10/03)

4. FEI Number
27-0042189

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ARAJ, JEFF S
 7575 S. TROPICAL TRAIL
 MERRITT ISLAND, FL 32952**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *Jeffrey Araj* DATE 1/14/04

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

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ARAJ, JEFF S 7575 S. TROPICAL TRAIL MERRITT ISLAND, FL 32952 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR OLOMU, FRANCIS 4054 SNOWY EGRET DRIVE MERRITT ISLAND, FL 32904 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Olomu, Francis 4054 Snowy Egret, Melbourne, FL 32904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input 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: *Jeffrey Araj* DATE 1/14/04 DAYTIME PHONE # 321-2547880

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