


**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90206 002 \*\*\*\*50.00

**2004 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

<b>DOCUMENT # L03000001997</b> 1. Entity Name <b>KENDALL DIAGNOSTICS, L.C.</b>	
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Principal Place of Business <b>C/O SPENCER AND KLEIN, P.A.          801 BRICKELL AVENUE, SUITE 1901          MIAMI, FL 33131</b>	Mailing Address <b>C/O SPENCER AND KLEIN, P.A.          801 BRICKELL AVENUE, SUITE 1901          MIAMI, FL 33131</b>
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2. Principal Place of Business <b>9200 Sunset Drive</b> Suite, Apt. #, etc.	3. Mailing Address <b>9200 Sunset Drive</b> Suite, Apt. #, etc.
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01092004 Chg-LLC CR2E083 (10/03)

City & State <b>Miami FL</b>	City & State <b>Miami FL</b>		
Zip <b>33173</b>	Country <b>USA</b>	Zip <b>33173</b>	Country <b>USA</b>

4. FEI Number <b>54-2091908</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>KLEIN, BRENT D          801 BRICKELL AVENUE, SUITE 1901          MIAMI, FL 33131</b>	<b>7. Name and Address of New Registered Agent</b> Name <b>Brent D. Klein</b> Street Address (P.O. Box Number is Not Acceptable) <b>Two Alhambra Plaza</b> <b>Penthouse II B</b> City <b>Coral Gables</b> <b>FL</b> Zip Code <b>33134</b>
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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 Brent D. Klein January 9, 2004  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE

<b>Filing Fee is \$50.00          Due by May 1, 2004</b>		<b>Make check payable to          Florida Department of State</b>
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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
		<b>MGR            Julius A. Gasso            9200 Sunset Drive            Miami, FL 33173</b>	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.

**SIGNATURE:** Julius A. Gasso 305-412-8315  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #