

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90015 003 ****50.00

DOCUMENT # L03000020345

1. Entity Name
AVENTURA DIAGNOSTIC TESTING GROUP, L.L.C.



Principal Place of Business
% HAROLD GOBSTEIN
1836 MONTE CARLO WAY
CORAL SPRINGS, FL 33071

Mailing Address
% HAROLD GOBSTEIN
1836 MONTE CARLO WAY
CORAL SPRINGS, FL 33071

DO NOT WRITE IN THIS SPACE

04252006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 35-2186934 Applied For
NOT APPLICABLE Not Applicable

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

6. Name and Address of Current Registered Agent

WEINBERG, STEVEN A ESQUIRE
FRANK, WEINBERG, & BLACK, PL
7805 SW 6TH COURT
PLANTATION, FL 33324

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GOBSTEIN, HAROLD MR.
1836 MONTE CARLO WAY
CORAL SPRINGS, FL 330717829

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CIANCIULLI, STEPHEN E
1581 BRICKEL AVE. T-206
MIAMI, FL 33129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Harold Gobstein, Harold Gobstein, MGR

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

Date

Daytime Phone #