2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000020356

1. Entity Name

PEMBROKE PINES DIAGNOSTIC TESTING GROUP,

L.L.L.

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

FILED May 01, 2006 08:00 AM Secretary of State



04252006 No Chg-LLC

CR2E083 (11/05)

٤.	FEI Number				
	75-3119066				

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Caytime Physic #

G.	Name	and Ad	dress	of Curr	ent Reg	istered.	Agent

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

the obligations of registered agent

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SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)	DATE			
Fi	iling Fee is \$50.00 ue by May 1, 2008					
9.	MANAGING MEMBERS/MANAGERS		HONONEADODE			
TITLE NAME STREET ADDRESS CITY-ST-119	MGRM GODSTEIN, HAROLD 1836 MONTE CARLO WAY CORAL SPRINGS, FL 33071		U00000548985 05/13/06-80002-017 50.00			
TITLE NAME SIWEET ACCORESS CITY-ST-ZIP	MGRM CIANCIULLI, STEPHEN E 1581 BRICKEL AVE. T-208 MIAMI, FL 33129					
Title Name Street address City-S1-Zip		DC	NOT WRITE			
TITLE NAME SIREEI ADDRESS CITY-ST-ZIP		IN	THIS SPACE			
TITLE MASKE STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

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.

SRE: THEOP Solelas, HONO TO GORSTON MEN SOMETURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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. 1 am familiar with, and accept