

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000022973

**FILED**  
**Jun 08, 2005**  
**Secretary of State**

**Entity Name:** OCALA DIAGNOSTIC CENTER, LLC

**Current Principal Place of Business:**

2130 SW 20TH PLACE  
OCALA, FL 34474

**New Principal Place of Business:**

2801 SW COLLEGE RD  
UNIT 18  
OCALA, FL 34474

**Current Mailing Address:**

PO BOX 5130  
OCALA, FL 34478

**New Mailing Address:**

FEI Number: 61-1452844      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

R. WILLIAM FUTCH, P.A.  
610 SE 17TH STREET  
OCALA, FL 34471      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: GLASSMAN, SHARON  
Address: 2130 SW 20TH PLACE  
City-St-Zip: OCALA, FL 34474 US

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: GLASSMAN, SHARON  
Address: 2801 SW COLLEGE RD UNIT 18  
City-St-Zip: OCALA, FL 34474 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SHARON GLASSMAN

MGRM

06/08/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date