FILED
May 05, 2004 8:00 am
Secretary of State

03-08-2004 90276 045 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000037440

1. Entity Name
DIAGNOSTIC HEALTH INSTITUTE, LLC

Principal Place of Business	Mailing Address
6505 RACKET CLUB DR. LAUDERHILL, FL 33319	6505 RACKET CLUB DR. LAUDERHILL, FL 33319

04082004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
7284 W Oakland Pk Blvd		same	
Suite, Apt. #, etc.: SU 101		Suite, Apt. #, etc.	
City & State: Lauderhill Fl		City & State	
Zip: 33313	Country: Broward	Zip	Country

4. FEI Number: 52-2405624 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FABRIKANT, KEVIN H ESQ 1250 E. HALLANDALE BEACH BLVD., STE. 710 HALLANDALE BEACH, FL 33009	Name: Debra Bland Street Address (P.O. Box Number is Not Acceptable): 7284 W Oakland Pk Blvd SU 101 City: Lauderhill FL Zip Code: 33313

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: Debra B[signature] 4/7/04
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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Owner manager Debra Bland 7284 W Oakland Pk. Blvd. SU 101 Lauderhill Fl. 33313	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Debra B[signature] 4/7/04 954 746-2668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #