2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# L03000049199

Entity Name: DIAGNOSTIC MEDICAL PARTNERS, LLC

Current Principal Place of Business:

5770 ROOSEVELT BLVD., SUITE 510
CLEARWATER, FL 33760

New Principal Place of Business:

18495 US HWY 19N
CLEARWATER, FL 33764

Current Mailing Address:

5770 ROOSEVELT BLVD., SUITE 510
CLEARWATER, FL 33760

New Mailing Address:

18495 US HWY 19N
CLEARWATER, FL 33764

FEI Number: 20-0460131 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WINER, SAMUEL
5770 ROOSEVELT BLVD., SUITE 510
CLEARWATER, FL 33760

Name and Address of New Registered Agent:

WINER, SAMUEL
18495 US HWY 19N
CLEARWATER, FL 33764

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: SAMUEL WINER 04/27/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: WINER, SAMUEL MGR
Address: 18495 US HWY 19N
City-St-Zip: CLEARWATER, FL 33764

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: SAMUEL WINER MGR 04/27/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date