

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000010733

FILED
Jan 20, 2009
Secretary of State

Entity Name: SOUTH FLORIDA DIAGNOSTIC ASSOCIATES, LLC

Current Principal Place of Business:

15211 LAUREL LANE SOUTH
PEMBROKE PINES, FL 33027 US

New Principal Place of Business:

14311 SW 36 STREET
MIAMI, FL 33175 US

Current Mailing Address:

15211 LAUREL LANE SOUTH
PEMBROKE PINES, FL 33027 US

New Mailing Address:

14311 SW 36 STREET
MIAMI, FL 33175 US

FEI Number: 20-0701211

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NIERENBERG, LARRY
15211 LAUREL LANE SOUTH
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

GOMEZ, FRANK
14311 SW 36 STREET
MIAMI, FL 33175 US

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: FRANK GOMEZ

01/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NIERENBERG, LARRY
Address: 15211 LAUREL LANE SOUTH
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: MGR (X) Delete
Name: GOMEZ, FRANK
Address: 14311 S.W. 36 STREET
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GOMEZ, FRANK
Address: 14311 SW 36 STREET
City-St-Zip: MIAMI, FL 33175 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: FRANK GOMEZ

MGR

01/20/2009

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