

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041209

FILED
Apr 28, 2005
Secretary of State

Entity Name: PHYSICIAN DIAGNOSTIC SERVICES, LLC

Current Principal Place of Business:

8051 W. 24TH AVE., BAY 12
HIALEAH, FL 33016

New Principal Place of Business:

Current Mailing Address:

8051 W. 24TH AVE., BAY 12
HIALEAH, FL 33016

New Mailing Address:

8051 W. 24TH AVE., BAY 12
BAY 12
HIALEAH, FL 33016

FEI Number: 56-2462844

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESTRADA, ALICIA
1060 N.E. 146 STREET
N. MIAMI, FL 33161 US

Name and Address of New Registered Agent:

MARQUEZ, LOAMMY
8051 W. 24TH AVE.
BAY 12
HIALEAH, FL 33016 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: LOAMMY MARQUEZ

04/28/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: ESTRADA, ALICIA
Address: 1060 N.E. 146 STREET
City-St-Zip: N. MIAMI, FL 33161

Title: MGR () Delete
Name: MARQUEZ, LOAMMY
Address: 110 ROYAL PALM RD. APT. 311
City-St-Zip: HIALEAH GARDEN, FL 33016

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ANDRES, ALICIA
Address: 7771 NW 7TH ST. BLDG 3 - UNIT 707
City-St-Zip: MAIMI, FL 33126

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

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: LOAMMY MARQUEZ

CFO

04/28/2005

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