
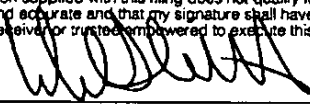


FILED
Jun 09, 2005 8:00 am
Secretary of State

05-02-2005 90114 020 ****50.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000041537					
1. Entity Name PLANT CITY DIAGNOSTIC, LLC					
Principal Place of Business C/O BILL ULBRICHT, SO FL BAPTIST HOSPITAL 301 N ALEXANDER ST PLANT CITY, FL 33566			Mailing Address C/O BILL ULBRICHT, SO FL BAPTIST HOSPITAL 301 N ALEXANDER ST PLANT CITY, FL 33566		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip 33563	Country	Zip 33563	Country	4. FEI Number 20-1032987	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ULBRICHT, BILL C/O SO FL BAPTIST HOSPITAL 301 N ALEXANDER ST PLANT CITY, FL 33566			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code 33563		
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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			Stein, Bernard, M.D. 301 N. Alexander St. Plant City, FL 33563		
			VP Ulbricht, William 301 N. Alexander St. Plant City, FL 33563	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			D Vasconcellos, Jack 301 N. Alexander St. Plant City, FL 33563	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			D Stein, Sharon 301 N. Alexander St. Plant City, FL 33563	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> 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:  4/20/05 813-357-1205 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE: William G. Ulbricht Daytime Phone #					