

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
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when renewing)</small>			
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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Stein, Bernard, M.D.
STREET ADDRESS		STREET ADDRESS	301 N. Alexander St.
CITY - ST - ZIP		CITY - ST - ZIP	Plant City, FL 33563
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	VP Ulbricht, William
STREET ADDRESS		STREET ADDRESS	301 N. Alexander St.
CITY - ST - ZIP		CITY - ST - ZIP	Plant City, FL 33563
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	D Vasconcellos, Jack
STREET ADDRESS		STREET ADDRESS	301 N. Alexander St.
CITY - ST - ZIP		CITY - ST - ZIP	Plant City, FL 33563
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	D Stein, Sharon
STREET ADDRESS		STREET ADDRESS	301 N. Alexander St.
CITY - ST - ZIP		CITY - ST - ZIP	Plant City, FL 33563
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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: 		Date: 4/20/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE: William G. Ulbricht		Daytime Phone # 813-357-1205	

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04072005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-1032987** Applied For Not Applicable

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