


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

FILED

07 MAY 10 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L04000041537</b>		
1. Entity Name PLANT CITY DIAGNOSTIC, LLC		
Principal Place of Business C/O BILL ULBRICHT S. FL. BAPT. HOSPT. 301 N ALEXANDER ST PLANT CITY, FL 33563		Mailing Address C/O BILL ULBRICHT S. FL. BAPT. HOSPT. 301 N ALEXANDER ST PLANT CITY, FL 33563
<b>DO NOT WRITE IN THIS SPACE</b>		
03282007 No Chg-LLC		CR2E083 (11/05)
4. FEI Number 20-1032987		Applied For 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		<b>DO NOT WRITE IN THIS SPACE</b>
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, 2007		
600103024656 05/22/07--01035--007 **2207.50		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEIN, M.D., BERNARD 301 N. ALEXANDER STREET PLANT CITY, FL 33563	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ULBRICHT, WILLIAM 301 N. ALEXANDER STREET PLANT CITY, FL 33563	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VASCONCELLOS, JACK 301 N. ALEXANDER STREET PLANT CITY, FL 33563	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEIN, SHARON 301 N. ALEXANDER STREET PLANT CITY, FL 33563	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____		4/17/07 (813) 757-1205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #