
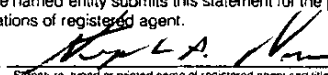
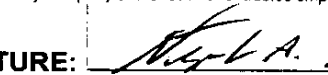


**FILED**  
**May 14, 2008 8:00 am**  
**Secretary of State**

05-14-2008 90081 046 \*\*\*138.75

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

|  |   |  |  |
|--|---|--|--|
| <b>DOCUMENT # L04000041537</b>   |   |   |  |
| 1. Entity Name<br>PLANT CITY DIAGNOSTIC, LLC   |   |  |  |
| Principal Place of Business<br>C/O BILL ULBRICHT S. FL. BAPT. HOSPT.<br>301 N ALEXANDER ST<br>PLANT CITY, FL 33563   |   | Mailing Address<br>C/O BILL ULBRICHT S. FL. BAPT. HOSPT.<br>301 N ALEXANDER ST<br>PLANT CITY, FL 33563   |  |
| 2. Principal Place of Business - No P.O. Box #<br>C/O SOUTH FL BAPTIST HOSPITAL ATTN: STEPHEN NIERMAN<br>Suite, Apt. #, etc.<br>301 N. ALEXANDER ST.   |   | 3. Mailing Address<br>Suite, Apt. #, etc.<br>301 N. ALEXANDER ST.  |  |
| City & State<br>PLANT CITY, FL   |   | City & State<br>PLANT CITY, FL   |  |
| Zip<br>33563   | Country<br>US   | Zip<br>33563   | Country<br>US  |
| 4. FEI Number<br>20-1032987  |   | Applied For<br>Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | \$5.00 Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br>ULBRICHT, BILL<br>C/O SO FL BAPTIST HOSPITAL<br>301 N ALEXANDER ST<br>PLANT CITY, FL 33566  |   | 7. Name and Address of New Registered Agent<br>Name<br>NIERMAN, STEPHEN<br>Street Address (P.O. Box Number is Not Acceptable)<br>C/O SO FL BAPTIST HOSPITAL<br>301 N ALEXANDER ST<br>City<br>PLANT CITY FL Zip Code<br>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.<br>SIGNATURE  DATE 4/21/08<br>(NOTE: Registered Agent signature required when reinstating)  |   |  |  |
| FILE NOW!!! FEE IS \$138.75<br>After May 1, 2008 Fee will be \$538.75  |   | Make check payable to<br>Florida Department of State   |  |
| 9. MANAGING MEMBERS/MANAGERS   |   | 10. ADDITIONS/CHANGES  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>STEIN, M.D., BERNARD<br>301 N. ALEXANDER STREET<br>PLANT CITY, FL 33563 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>ULBRICHT, WILLIAM<br>301 N. ALEXANDER STREET<br>PLANT CITY, FL 33563 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>NIERMAN, STEPHEN<br>301 N. ALEXANDER STREET<br>PLANT CITY, FL 33563 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>VASCONCELLOS, JACK<br>301 N. ALEXANDER STREET<br>PLANT CITY, FL 33563 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>STEIN, SHARON<br>301 N. ALEXANDER STREET<br>PLANT CITY, FL 33563 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 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:    |   | 4/21/08 (813) 959-1205   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   | Date Daytime Phone #   |  |

60041148



04162008 Chg-LLC CR2E083 (12/06)