

# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L04000045059

1. Entity Name  
PRECISE DIAGNOSTIC GROUP, LLC



Principal Place of Business  
20913 ST. ANDREWS BLVD.  
STE. 66  
BOCA RATON, FL 33433

Mailing Address  
20913 ST. ANDREWS BLVD.  
STE. 66  
BOCA RATON, FL 33433

2. Principal Place of Business - No P.O. Box #  
4801 Johnson Rd

3. Mailing Address  
4801 Johnson Rd

Suite, Apt. #, etc.  
Suite 7

Suite, Apt. #, etc.  
Suite 7

City & State  
Coconut Crk, FL

City & State  
Coconut Crk, FLORIDA

Zip  
33073

Zip  
33073

10312007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
80-0111511

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

RAWET, IRWIN  
4801 JOHNSON ROAD  
STE 7  
COCONUT CREEK, FL 33073

7. Name and Address of New Registered Agent

Name  
LOREN HENNICK  
Street Address (P.O. Box Number is Not Acceptable)  
4801 Johnson Rd, Ste 7  
City  
COCONUT CREEK FL Zip Code  
33073

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 LOREN HENNICK 11/19/2007  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$50.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
HENNICK, LOREN  
20913 ST. ANDREWS BLVD., STE. 66  
BOCA RATON, FL 33433 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
RAWET, IRWIN  
5849 N.W. 21ST AVENUE  
BOCA RATON, FL 33496 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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TITLE  
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STREET ADDRESS  
CITY - ST - ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
700112519347  
11/21/07--01077--001 \*\*\$50.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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CITY - ST - ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ 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: LOREN HENNICK  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

07 NOV 27 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

