

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000047399

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** OKEECHOBEE MEDICAL DIAGNOSTICS, LLC

**Current Principal Place of Business:**

312 N.W. 5TH STREET  
OKEECHOBEE, FL 34972

**New Principal Place of Business:**

**Current Mailing Address:**

312 N.W. 5TH STREET  
OKEECHOBEE, FL 34972

**New Mailing Address:**

**FEI Number:** 20-2833593

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARPER, LEWIS W ESQ.  
6817 SOUTHPOINT PARKWAY  
1804  
JACKSONVILLE, FL 32216 US

**Name and Address of New Registered Agent:**

BREW, GEORGE ESQ.  
6817 SOUTHPOINT PARKWAY  
1804  
JACKSONVILLE, FL 32216 US

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.

SIGNATURE: GEORGE BREW

04/29/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KHAN, SAEED A  
Address: 2257 N HWY 441 NORTH #A  
City-St-Zip: OKEECHOBEE, FL 34972

Title: MGRM  
Name: SHAKOOR, ARIF  
Address: 2257 HWY. 441 NORTH, #C  
City-St-Zip: OKEECHOBEE, FL 34972

Title: MGRM  
Name: GARCIA, MANUEL G  
Address: 306 N.E. 19TH DRIVE, #A  
City-St-Zip: OKEECHOBEE, FL 34972

Title: MGRM  
Name: NAEEM, TAHIR  
Address: 265 NE 19TH DR  
City-St-Zip: OKEECHOBEE, FL 34972

Title: MGRM  
Name: GARCIA, TRINIDAD  
Address: 306 NE 19TH DR  
City-St-Zip: OKEECHOBEE, FL 34972

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: SAEED KHAN, MD

MDRM

04/29/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date