

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097411

FILED
Apr 25, 2006
Secretary of State

Entity Name: CARE PLUS DIAGNOSTICS, L.L.C.

Current Principal Place of Business:

15280 NW 79TH COURT
109
MIAMI LAKES, FL 33016

New Principal Place of Business:

7801 N.W. 146TH STREET
MIAMI LAKES, FL 33016

Current Mailing Address:

15280 NW 79TH COURT
109
MIAMI LAKES, FL 33016

New Mailing Address:

7801 N.W. 146TH STREET
MIAMI LAKES, FL 33016

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALDES, MARTA I
15280 NW 79TH COURT
109
MIAMI LAKES, FL 33016 US

Name and Address of New Registered Agent:

VALDES, MARTA I
7801 N.W. 146TH STREET
MIAMI LAKES, FL 33016 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: MARTA I. VALDES

04/25/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VALDES, VICTOR
Address: 15280 NW 79TH COURT, SUITE 109
City-St-Zip: MIAMI LAKES, FL 33016

Title: MGR (X) Delete
Name: VALDES, MARTA I
Address: 15280 NW 79TH COURT, SUITE 109
City-St-Zip: MIAMI LAKES, FL 33016

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VALDES, VICTOR
Address: 7801 N.W. 146TH STREET
City-St-Zip: MIAMI LAKES, FL 33016

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: VICTOR VALDES

MGR

04/25/2006

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