

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097411

FILED  
Apr 30, 2007  
Secretary of State

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

## Current Principal Place of Business:

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

## New Principal Place of Business:

14100 PALMETTO FRONTAGE ROAD  
202  
MIAMI LAKES, FL 33016

## Current Mailing Address:

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

## New Mailing Address:

14100 PALMETTO FRONTAGE ROAD  
202  
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  
7801 N.W. 146TH STREET  
MIAMI LAKES, FL 33016 US

## Name and Address of New Registered Agent:

VALDES, MARTA I  
14100 PALMETTO FRONTAGE ROAD  
202  
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:

04/30/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

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

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: VALDES, VICTOR  
Address: 14100 PALMETTO FRONTAGE ROAD  
City-St-Zip: MIAMI LAKES, FL 33016

I hereby certify that the information supplied with this filing does not qualify 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: MARTA I. VALDES

D

04/30/2007

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