

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000098719

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** M.D. DIAGNOSTIC SPECIALISTS, LLC

**Current Principal Place of Business:**

668 N. ORLANDO AVE  
SUITE 1005  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

668 N. ORLANDO AVE  
SUITE 1005  
MAITLAND, FL 32751

**New Mailing Address:**

**FEI Number:** 20-3187964

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TATTON, BARBARA  
668 N. ORLANDO AVENUE,  
SUITE 1005  
MAITLAND, FL 32751 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** SNYDER, RONALD E M.D.  
**Address:** 668 N. ORLANDO AVE SUITE 1005  
**City-St-Zip:** MAITLAND, FL 32751

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: RONALD E, SNYDER, MD

MGRM

05/01/2012

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