2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: LIBERTY DIAGNOSTICS, L.L.C.

Current Principal Place of Business:

530 NORTH COMMONWEALTH AVE.
POLK CITY, FL 33868

New Principal Place of Business:

Current Mailing Address:

530 NORTH COMMONWEALTH AVE.
POLK CITY, FL 33868

New Mailing Address:

FEI Number: 20-3824930 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLEN, PHILIP O ESQ.
C/O PETERON & MYERS, P.A.
225 E. LEMON STREET, SUITE 300
LAKELAND, FL 33801 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: MGR
Name: ANDREW, CECELIA M
Address: 530 N. COMMONWEALTH AVE.
City-St-Zip: POLK CITY, FL 33868

Title: P
Name: ANDREW, CECELIA M
Address: 530 N. COMMONWEALTH AVE.
City-St-Zip: POLK CITY, FL 33868

Title: MGR
Name: SCOTT, RICHARD
Address: 530 N. COMMONWEALTH AVE.
City-St-Zip: POLK CITY, FL 33868

Title: V
Name: SCOTT, RICHARD
Address: 530 N. COMMONWEALTH AVE.
City-St-Zip: POLK CITY, FL 33868

Title: MGR
Name: NELSON, NORMAN L
Address: 530 N COMMONWEALTH AVE
City-St-Zip: POLK CITY, FL 33868

Title: V
Name: NELSON, NORMAN L
Address: 530 N COMMONWEALTH AVE
City-St-Zip: POLK CITY, FL 33868

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 Statues.

SIGNATURE: CECELIA ANDREW P 01/11/2011

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