2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109925

FILED
Jan 05, 2012
Secretary of State

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

Current Principal Place of Business:	**New Principal Place of Business:**
530 NORTH COMMONWEALTH AVE. POLK CITY, FL 33868	

Current Mailing Address:	**New Mailing Address:**
530 NORTH COMMONWEALTH AVE. POLK CITY, FL 33868	

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

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
ALLEN, PHILIP O ESQ. C/O PETERON & MYERS, P.A. 225 E. LEMON STREET, SUITE 300 LAKELAND, FL 33801 US	ANDREW, CECELIA 530 N COMMONWEALTH AVE POLK CITY, FL 33868 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: CECELIA ANDREW _____ 01/05/2012 _____

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 _____ PRES _____ 01/05/2012 _____

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