

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000123427

FILED
Jan 08, 2008
Secretary of State

Entity Name: TREASURE COAST DIAGNOSTICS, L.L.C.

Current Principal Place of Business:

1801 S.E. HILLMOOR DRIVE
C209
PORT ST LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

1801 S.E. HILLMOOR DRIVE
C209
PORT ST LUCIE, FL 34952

New Mailing Address:

FEI Number: 65-1094433

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATKINS, TESSA D
1801 S.E. HILLMOOR DRIVE
C209
PORT ST. LUCIE, FL 34952 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 () Delete
Name: WATKINS, LAURENCE O
Address: 1801 S.E. HILLMOOR DRIVE, #C209
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: MGRM () Delete
Name: CHALASANI, PRASAD
Address: 1801 S.E. HILLMOOR DRIVE, #C209
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: MGRM () Delete
Name: MAKHNI, MALVINDER
Address: 1801 SE HILLMOOR DR #C209
City-St-Zip: PORT ST LUCIE, FL 34952

Title: MGRM () Delete
Name: RAO, KAMALADAR
Address: 1801 S.E. HILLMOOR DRIVE, #C209
City-St-Zip: PORT ST. LUCIE, FL 34952

ADDITIONS/CHANGES:

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

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

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

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

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: LAURENCE WATKINS M.D.

MGRM

01/08/2008

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