2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# L05000123427

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	(X) Delete
Name:	CHALASANI, PRASAD	
Address:	1801 S.E. HILLMOOR DRIVE, #C209	
City-St-Zip:	PORT ST. LUCIE, FL 34952	
Title:	MGRM	(X) Delete
Name:	MAKHNI, MALVINDER	
Address:	1801 SE HILLMOOR DR #C209	
City-St-Zip:	PORT ST LUCIE, FL 34952	
Title:	MGRM	(X) 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 O. WATKINS MGRM 04/22/2009

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