2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# L06000018225

Entity Name: 302 MEDICAL DIAGNOSTIC CENTER, LLC

Current Principal Place of Business:

6200 S.W. 185TH WAY
SOUTHWEST RANCHES, FL 33332

New Principal Place of Business:

Current Mailing Address:

6200 S.W. 185TH WAY
SOUTHWEST RANCHES, FL 33332

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PACHON, NANCY
6200 S.W. 185TH WAY
SOUTHWEST RANCHES, FL 33332 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: P/D ( ) Delete
Name: PACHON, NANCY
Address: 6200 SW 185TH ST
City-St-Zip: SOUTHWEST RANCHES, FL 33332

ADDITIONS/CHANGES:

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: NANCY PACHON P/D 04/29/2008

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