

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000101371

**FILED**  
**Mar 05, 2010**  
**Secretary of State**

**Entity Name:** PERINATAL DIAGNOSTIC INSTITUTE, PL

**Current Principal Place of Business:**

420 COLUMBIA CIRCLE  
SUITE 110  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

**Current Mailing Address:**

420 COLUMBIA CIRCLE  
SUITE 110  
WEST PALM BEACH, FL 33409

**New Mailing Address:**

**FEI Number:** 20-5801735

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCKENNA, CHRISTINE  
420 COLUMBIA CIRCLE  
SUITE 110  
WEST PALM BEACH, FL 33409 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: D  
Name: HERBST, SETH J  
Address: 1395 STATE RD 7 #450  
City-St-Zip: WELLINGTON, FL 33414

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 Statutes.

SIGNATURE: SETH J HERBST MD

DIR

03/05/2010

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