2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06069109523

1. Entity Name

DIAGNOSTIC SPECIALTIES OF AMERICA, LLC



Principal Place of Business

Mailing Address

6462 EAST ROGERS CIRCLE BOCA RATON, FL 33487 6462 EAST ROGERS CIRCLE BOCA RATON, FL 33487 FILED Sep 03, 2008 08:00 AM Secretary of State



08292008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5879250

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable,

DIETZ, KAREN 6462 EAST ROGERS CIRCLE BOCA RATON, FL 33487

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	The above named entity submits this statement for the purpose of changing its the obligations of registered agent.	registered office o	registered agent	t, or both, in the State of Florida	I am familiar with, and accept
SIC	IGNATI IPE				

(NOTE: Registered Agent signature required when reinstating)

FILE NOWIII FEE IS \$138.75 Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIETZ, KAREN 6462 EAST ROGERS CIRCLE BOCA RATON, FL 33487
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Juen Die

8/29/08

561-443-3522

PED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE