2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2007
Secretary of State

DOCUMENT# L06000112491

Entity Name: PHYSICIANS' DIAGNOSTIC SERVICES, LLC

Current Principal Place of Business:

11412 OKEECHOBEE BLVD.
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

1905 CLINT MOORE ROAD
310
BOCA RATON, FL 33496

Current Mailing Address:

599 APPLE TREE LANE
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 45-0546519 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KINMON, KYLE J
599 APPLE TREE LANE
BOCA RATON, FL 33486 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:	KINMON, KYLE J	
Address:	599 APPLE TREE LANE	
City-St-Zip:	BOCA RATON, FL 33486	
Title:	MGRM	(X) Delete
Name:	CUTLER, JONATHAN	
Address:	11412 OKEECHOBEE BLVD.	
City-St-Zip:	ROYAL PALM BEACH, FL 33411	

ADDITIONS/CHANGES:

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 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: KYLE J. KINMON MGRM 02/09/2007

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