


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90032 026 ***143.75

DOCUMENT # L07000070011	
1. Entity Name DIAGNOSTIC CENTER FOR DISEASE OF SARASOTA, LLC	

Principal Place of Business 602 TREMONT STREET SARASOTA, FL 34242	Mailing Address 602 TREMONT STREET SARASOTA, FL 34242
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2. Principal Place of Business - No P.O. Box # 1250 SOUTH TAMIAMI TRAIL	3. Mailing Address 1250 SOUTH TAMIAMI TRAIL
Suite, Apt. #, etc. SUITE 101 NORTH	Suite, Apt. #, etc. SUITE 101 NORTH
City & State SARASOTA, FL	City & State SARASOTA, FL
Zip 34239	Zip 34239
Country	Country

60029501

03252008 Chg-LLC CR2E083 (12/06)

4. FEL Number **26-0479026** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent	
COMPTON, JOHN M 1819 MAIN STREET STE 610 SARASOTA, FL 34236	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RONALD WHEELER, MD 1250 SOUTH TAMIAMI TRAIL SUITE 101 NORTH SARASOTA, FL 34239 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Shelly Wheeler mgr Date 3/27/08 Daytime Phone # 941957000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE