

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000004695

Entity Name: TR DIAGNOSTICS, LLC

**FILED**  
**Jun 18, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

2060 COLLIER AVENUE  
5  
FORT MYERS, FL 33901 US

## **Current Mailing Address:**

2060 COLLIER AVENUE  
5  
FORT MYERS, FL 33901 US

## **New Principal Place of Business:**

3880 COLONIAL BLVD  
STE1  
FORT MYERS, FL 33966 US

## **New Mailing Address:**

3880 COLONIAL BLVD  
STE 1  
FORT MYERS, FL 33966 US

FEI Number: 26-1746343

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SIEVERT, THOMAS  
2060 COLLIER AVENUE  
FORT MYERS, FL 33901 US

## **Name and Address of New Registered Agent:**

SIEVERT, THOMAS  
3880 COLONIAL BLVD  
STE 1  
FORT MYERS, FL 33966 US

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:

06/18/2010

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SIEVERT, THOMAS  
Address: 3880 COLONIAL BLVD STE  
City-St-Zip: FORT MYERS, FL 33966 US

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: THOMAS SIEVERT

MGR

06/18/2010

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