

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000074328

Entity Name: DBS DIAGNOSTICS, P.L.

**FILED**  
**Jan 24, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

601 CHANNELSIDE WALKWAY  
APT. 1432  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

601 CHANNELSIDE WALKWAY  
APT. 1432  
TAMPA, FL 33602

**New Mailing Address:**

FEI Number: 26-4303274

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DAVID B. SABIN, O.D.  
601 CHANNELSIDE WALKWAY  
APT. 1432  
TAMPA, FL 33602 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  
Name: DAVID B. SABIN, O.D.  
Address: 601 CHANNELSIDE WALKWAY, APT 1432  
City-St-Zip: TAMPA, FL 33602

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: DAVID SABIN

MGRM

01/24/2011

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