

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000097830

**FILED**  
**Mar 26, 2011**  
**Secretary of State**

**Entity Name:** ADVANCED COR DIAGNOSTICS LLC

**Current Principal Place of Business:**

21097 NORTHEAST 27 COURT  
580  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

21097 NORTHEAST 27 COURT  
580  
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number:** 26-3558634

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALAN ACKERMANN, D.O., P.A.  
1930 HARRISON STREET  
304  
HOLLYWOOD, FL 33020 US

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

ALAN ACKERMANN, D.O., P.A.  
21097 NE 27 CT  
580  
AVENTURA, FL 33180 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:

03/26/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ACKERMANN, ALAN  
Address: 21097 NORTHEAST 27 COURT, STE 580  
City-St-Zip: AVENTURA, FL 33180

Title: MGR  
Name: NASS, NOURI  
Address: 21097 NORTHEAST 27 COURT, STE 580  
City-St-Zip: AVENTURA, FL 33180

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: ALAN ACKERMANN

MGR

03/26/2011

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