

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000114806

**FILED**  
**Jul 19, 2010**  
**Secretary of State**

**Entity Name:** STUART DIAGNOSTICS CENTER, LLC

**Current Principal Place of Business:**

2221 SE OCEAN BLVD  
UNIT 300  
STUART, FL 34996

**New Principal Place of Business:**

2219 SE OCEAN BLVD  
STUART, FL 34996

**Current Mailing Address:**

2219 SE OCEAN BLVD.  
STUART, FL 34996

**New Mailing Address:**

**FEI Number:** 26-3918824

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RUSSELL, RICHARD  
442 SAVOIE DR.  
PALM BEACH GARDENS, FL 33410 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: CEO  
Name: WILLIAMS, CAROL  
Address: 32 TRADEWINDS CIR.  
City-St-Zip: TEQUESTA, FL 33469

Title: CFO  
Name: RUSSELL, RICHARD  
Address: 442 SAVOIE DR.  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: PRES  
Name: SARCIA, WILLIAM  
Address: 9927 SE CANARY PALM WAY  
City-St-Zip: TEQUESTA, FL 33469

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: CAROL D. WILLIAMS

CEO

07/19/2010

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