

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000016312

Entity Name: C.V.. DIAGNOSTICS LLC

**FILED**  
**Feb 15, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1886 CASTLE WOODS DRIVE  
CLEARWATER, FL 33759

**New Principal Place of Business:**

**Current Mailing Address:**

1886 CASTLE WOODS DRIVE  
CLEARWATER, FL 33759

**New Mailing Address:**

FEI Number: 26-4295720

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FOWLER WHITE BOGGS P.A.  
50 NORTH LAURA STREET, STE 2200  
JACKSONVILLE, FL 32202 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: P  
Name: TSIVIS, PETER A P  
Address: 1886 CASTLE WOODS DRIVE  
City-St-Zip: CLEARWATER, FL 33759

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: PETER A TSIVIS

P

02/15/2012

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