# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 17, 2010**
**Secretary of State**

DOCUMENT# L09000106836

**Entity Name:** DIAGNOSTICS OF WELLINGTON, LLC

**Current Principal Place of Business:**

10101 FOREST HILL BLVD.
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

367 S. GULPH ROAD
KING OF PRUSSIA, PA 19406

**New Mailing Address:**

**FEI Number: 27-1273366** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: WELLINGTON REGIONAL MEDICAL CENTER INC
Address: 267 S. GULPH ROAD
City-St-Zip: KING OF PRUSSIA, PA 19406

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 Statues.

SIGNATURE: WELLINGTON REGIONAL MEDICAL CENTER INC MGRM 02/17/2010

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