

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000113550

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** ADVANCED DIAGNOSTICS & SUPPLIES, LLC

**Current Principal Place of Business:**

1931 NW 150 TH AVENUE,  
SUITE 202  
PEMBROKE PINES, FL 33028 US

**New Principal Place of Business:**

1931 NW 150 TH AVENUE,  
SUITE 232  
PEMBROKE PINES, FL 33028 US

**Current Mailing Address:**

1931 NW 150 TH AVENUE,  
SUITE 202  
PEMBROKE PINES, FL 33028 US

**New Mailing Address:**

1931 NW 150 TH AVENUE,  
SUITE 232  
PEMBROKE PINES, FL 33028 US

**FEI Number:** 36-4663401

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPITIA, JHONNY  
1931 NW 150 TH AVENUE,  
SUITE 202  
PEMBROKE PINES, FL 33028 US

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

SPITIA, JHONNY  
1931 NW 150 TH AVENUE,  
SUITE 232  
PEMBROKE PINES, FL 33028 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: JHONNY SPITIA

04/28/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SPITIA, JHONNY  
Address: 1931 NW 150 TH AVENUE, SUITE 232  
City-St-Zip: PEMBROKE PINES, FL 33028 US

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: JHONNY SPITIA

MGRM

04/28/2011

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