

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000130741

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** CLARITY I CARE DIAGNOSTICS, LLC

**Current Principal Place of Business:**

33 SOUTHEAST 8TH STREET  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

33 SOUTHEAST 8TH STREET  
BOCA RATON, FL 33432

**New Mailing Address:**

**FEI Number:** 27-4673997

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LUSTIG, GREGORY J  
33 SOUTHEAST 8TH STREET  
BOCA RATON, FL 33432 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:** LUSTIG, GREGORY J  
**Address:** 33 SOUTHEAST 8TH STREET  
**City-St-Zip:** BOCA RATON, FL 33432

**Title:** MGRM  
**Name:** SIMPSON, RICK  
**Address:** 33 SOUTHEAST 8TH STREET  
**City-St-Zip:** BOCA RATON, FL 33432

**Title:** MGRM  
**Name:** MONSERRAT, JOAQUIN  
**Address:** 24 BLOQUE 42, CASA #1 SANTA ROSA  
**City-St-Zip:** BAYAMON, PR 00959

**Title:** MGRM  
**Name:** POLANCO, MARCOS  
**Address:** 1607 COLON STREET #101  
**City-St-Zip:** SAN JUAN, PR 00911

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:** GREGORY J. LUSTIG

MGRM

01/05/2012

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