FILED
03 MAY 29 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000005

1. Entity Name
REGIONAL DIAGNOSTICS, L.L.C.

Principal Place of Business	Mailing Address
101 NW 1ST AVE NE #1 DELRAY BEACH, FL 33444	4400 RENAISSANCE PKWY., #L WARRENSVILLE HTS, OH 44128

2. Principal Place of Business	3. Mailing Address
	2665 So Bayshore Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc. Ste 800
City & State	City & State Miami FL
Zip / Country	Zip 33133 / Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0718594 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ZELCH, JAMES V 101 NW 1ST AVE NE #1 DELRAY BEACH, FL 33444	Name: David Gershman Street Address (P.O. Box Number is Not Acceptable): 2665 So Bayshore Dr Ste 800 City: Miami FL Zip Code 33133

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 5/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JVZ PARTNERS, LTD. 4400 RENAISSANCE PKWY STE L WARRENSVILLE HTS, OH 44128 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member ☒ Change ☐ Addition Regional Diagnostics Holdings, LLC 2665 So Bayshore Dr Ste 800 Miami, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 900020253609 05/29/03--01060--001 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

Regional Diagnostics Holdings, LLC
SIGNATURE: Marilyn D. Kuffner, Secretary [signature] 5/28/03 786-470-3514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #