File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 98 MAR 25 PM 2: 34 1998 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company DOCUMENT # L97000000532 1a. Principal Place of Business Address BRITISH DIAGNOSTICS III LLC 1600 S FEDERAL HWY STE 820 1600 S FEDERAL HWY STE 820 POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 2. Principal Place of Business 2a. Malling Addres 3. Date Organized or Qualified | 3a. State of Formation 6th Ave 1600 5 Suite, Apt. #, etc #217 Applied For City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired 33062 USA \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name GOULET, MARC Street Address (P.O. Box Number is Not Acceptable) 1600 S FEDERAL HWY STE 820 POMPANO BEACH FL 33062 Suite, Apt. #, etc. City Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM GOULET, MARC 1600 S FEDERAL HWY STE 820 POMPANO BEACH FL MGRM HAMILTON, TAMMY R 1600 S FEDERAL HWY STE 820 POMPANO BEACH FL CROTTY, MICHAEL I. 1600 S. FEDERALHUY 820 MGRM 40b002473484--- 6 -03/31/98--01047--012 ****188.75 ****188.75 🐧. I do 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 annual 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 trigstee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

attachment with an address.

SIGNATURE: