

05/14/98  
**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # L97000000532**

1. Entity Name  
**BRITISH DIAGNOSTICS III LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG 16 AM 10:02

Principal Place of Business  
75 6TH AVE. #217  
DELRAY FL

Mailing Address  
1600 S. FEDERAL HIGHWAY, STE 850  
POMPANO BEACH FL 33062



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0769027		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent  GOULET, MARC 1600 S FEDERAL HWY STE 820 POMPANO BEACH FL 33062		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOULET, MARC 1600 S FEDERAL HWY STE 820 POMPANO BEACH FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAMILTON, TAMMY R 1600 S FEDERAL HWY STE 820 POMPANO BEACH FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

08/05/00 1954/439365  
Date Daytime Phone #

CR2E083 (5/00)