

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L97000000532</b>	
1. Entity Name <b>BRITISH DIAGNOSTICS III LLC</b>	



Principal Place of Business <b>75 6TH AVE, #217 DELRAY, FL</b>	Mailing Address <b>1600 S. FEDERAL HIGHWAY, STE 850 POMPANO BEACH, FL 33062</b>
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02072005No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>65-0769027</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>GOULET, MARC 1600 S FEDERAL HWY STE 820 POMPANO BEACH, FL 33062</b>
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**DO NOT WRITE  
IN THIS SPACE**

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: *M. Goulet* **M. GOULET** 03/10/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOULET, MARC 1600 S FEDERAL HWY STE 820 POMPANO BEACH, FL 33062
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04/04/05-20019-003 \$0.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *M. Goulet* **Director MGOULET** 03/10/05 954439365  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone 4393165