2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L97000000532

1. Entity Name
BRITISH DIAGNOSTICS III LLC

Principal Place of Business	Mailing Address
75 6TH AVE, #217 DELRAY, FL	1600 S. FEDERAL HIGHWAY, STE 850 POMPANO BEACH, FL 33062

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04082006No Chg-LLC CR2E083 (11/05)

4. FEI Number
65-0769027

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOULET, MARC
1600 S FEDERAL HWY STE 820
POMPANO BEACH, FL 33062

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

SIGNATURE: M. Goulet M. GOULET DIR. MGR 04-06-06
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, 2006

UD00005015295
04/26/06-80102-022 50.00

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

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 M. GOULET 04-06-06 (954) 439-3165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #