

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 JUL 28 AM 9:36 SECRETARY OF STATE TALLAHASSEE FLORIDA	
FILING FEE: Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE					
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000002612 Florida Diagnostic Associates LLC 11443 Key Deer Circle Lake Worth FL 33467				1a. Principal Place of Business Address 8700 SW 88th St.	
2a. Principal Place of Business 8700 SW 88th St Suite, Apt. #, etc. #212 City & State Miami FL Zip 33176 Country		2b. Mailing Address 8700 SW 88th St #212 Suite, Apt. #, etc. City & State Miami FL Zip 33176 Country		3. Date Organized or Qualified 3a. State of Formation Nov 1, 1998 Florida	
				4. FEI Number 65-0873986 ☐ Applied For ☐ Not Applicable	
				5. Date of Last Report 6. Certificate of Status Desired \$8.75 Additional Fee Required ☐	
7. Name and Address of Current Registered Agent Ronald Fieldstone Esq. 200 S. Biscayne Suite 2100 Miami FL 33131			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL 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 _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)					
10. Ticks MGR MGR		Managing Members/Managers Susan VanHouten Maria Pardinas		Business Street Address 11443 Key Deer Cr. Lake Worth, FL 33467 8700 N. Kendall Dr. Suite 212	
				City, State and Zip Code Lake Worth, FL 33467 Miami FL 33176	
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11. 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 trustee 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER					
Date: _____ Daytime Phone: _____					