

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L98000002822			
1. Entity Name FLORIDA DIAGNOSTIC ASSOCIATES, L.L.C.			
Principal Place of Business 8700 N. KENDALL DRIVE SUITE 212 MIAMI, FL 33176		Mailing Address 8700 N. KENDALL DRIVE SUITE 212 MIAMI, FL 33176	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0873886		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FIELDSTONE, RONALD R ESQ 201 ALHAMBRA CIRCLE SUITE 601 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when filing annual report)			
Amended AR is \$50.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR PARDINAS, MARIA 12221 S W. 120TH AVE. MIAMI, FL 33186 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR VAN HOUTEN, SUSAN 11443 KEYDEER CIRCLE LAKEWORTH, FLA 33467 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	DR ROBERT ELIAS 8700 N. KENDALL DRIVE #208 MIAMI, FL 33176 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR Pardinas, Maria 12211 SW 120 AVE MIAMI, FL 33176 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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 808, Florida Statutes.		700074222837 05/09/06--01002--011 ***50.00	
SIGNATURE: <u>Maria Pardinas</u>		04/20/06 598-6300 (305)	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date of Filing	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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