


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90002 001 ****50.00

DOCUMENT # L99000002645	
1. Entity Name TRANSFLORIDA MOBILE DIAGNOSTIC SERVICES, L.C.	

Principal Place of Business 805 S. ORANGE AVENUE, SUITE F WINTER PARK, FL 32789	Mailing Address P.O. BOX 550588 JACKSONVILLE, FL 32255
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2. Principal Place of Business 805 S. Orlando Avenue	3. Mailing Address
Suite, Apt. #, etc. suite-F	Suite, Apt. #, etc.
City & State Winter Park, FL	City & State
Zip 32789	Country USA



01052004 Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3575518	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent JOHNSON, DAVID 4237 SALISBURY ROAD, SUITE 306 JACKSONVILLE, FL 32216	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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, DAVID 805 S. ORANGE AVENUE, SUITE F WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 805 S. Orlando Avenue, Suite F Winter Park, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COTTI, BRUCE 805 S. ORANGE AVENUE, SUITE F WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 805 S. Orlando Avenue, Suite F Winter Park, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PYLES, DONALD 805 S. ORANGE AVENUE, SUITE F WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 805 S. Orlando Avenue, Suite F Winter Park, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GANN, DAVID 805 S. ORANGE AVENUE, SUITE F WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 805 S. Orlando Avenue, Suite F Winter Park, FL 32789
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
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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-28-04 (94)296-0353