

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90095 030 ****50.00

DOCUMENT # **L 9900000 3240**
1. Entity Name
ULTRA DIAGNOSTICS, L.L.C.

DO NOT WRITE IN THIS SPACE

B0042417

| | |
|---|---|
| 2. Principal Place of Business 6449 38th Ave. N. Suite, Apt. #, etc. Suite E-3 | 3. Mailing Address P.O. Box 1186 Suite, Apt. #, etc. |
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DO NOT WRITE IN THIS SPACE

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|---|---|
| City & State St. Petersburg FL | City & State Tampa FL |
| Zip 33710 Country USA | Zip 33601 Country USA |

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| 4. FEI Number 59-3580419 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |
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**DO NOT WRITE
IN THIS SPACE**

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| 7. Name and Address of Current Registered Agent | |
| Name John McCoskrie | |
| Street Address (P.O. Box Number is Not Acceptable) 6449 38th Ave. N. | |
| Suite E-3 | |
| City St. Petersburg | FL Zip Code 33710 |

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1 |
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| 9. MANAGING MEMBERS/MANAGERS | | | |
|--|--|--|---------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR McCoskrie, John 6449 38th Ave. N. Suite E-3 St. Petersburg FL 33710 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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)(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: **John H. McCoskrie** **John H. McCoskrie** **2-28-02 (727) 347-5147**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/01)