## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 20, 2006 8:00 am Secretary of State

DOCUMENT # L9900003956  1. Entity Name DIAGNOSTIC SPECIALISTS, L.L.C.							02-20-2006 90141 003 ****50.00				
Principal Place of Business Mailing Address 5151 NORTH 9TH AVE. P.O. BOX 10450 PENSACOLA, FL 32504 PENSACOLA, FL 3252				524		. 1 (201) (1)	IO IBIID IDIZI BUM BUKI DU	ii <b>i i</b> ii ii <b>i i i i</b> ii ii ii ii ii		1 <b>23</b> 1 111 1001	
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02072006	Chg-LLC	CR2E08	33 (11/05)				
City & State		City & State		4. FEI Numb 59-358			<b>—</b>	plied For at Applicable			
Zip	ip Country		Zip	Country		5. Certificate	e of Status Desired		5.00 Add ee Require		
	6. Name and	d Address of Current I	Registered Agent			7. Name an	d Address of New R	egistered A	gent		
FARMER, CHARLES E 5151 NORTH 9TH AVE. PENSACOLA, FL 32504					Name Street Address (P.O. Box Number is Not Acceptable)						
					City			FL	Zip Cod	e	
	named entity su tions of registered		the purpose of changing	its register	ed office or re	gistered agent, or bo	oth, in the State of Flo	orida. I am f	amiliar with,	and accept	
SIGNATURE ,	Signature, typed or pri	inted name of registered agent a	ind title il applicable. (N	NOTE: Registere	d Agent signature /	required when reinstating)	-	DATE		<del></del>	
Filing Fee is \$50.00 Due by May 1, 2006							Make check payable to Fiorida Department of State				
Fi D	iling Fee is \$ ue by May 1	\$50.00 , 2006								8	
Fi D	iling Fee is \$ ue by May 1	\$50.00 , 2006 MANAGING MEMBEI	RS/MANAGERS	10.			Florida ADDITIONS/	Departme CHANGES		<b></b>	
	MGRM FARMER, CH	, 2006  MANAGING MEMBEI  HARLES E I NINTH AVENUE	RS/MANAGERS Delete	TITLI NAM STRI	E E EET ADDRESS -ST-ZIP	MGRM Benson, L 5151 Nort Pensacola,	Florida	CHANGES  W.		€ Addition	
9. THILE NAME STREET ADDRESS	MGRM FARMER, CH 5151 NORTH PENSACOLA MGRM CUMBERLAN	MANAGING MEMBER HARLES E H NINTH AVENUE A, FL 32504  ND, GARY D H NINTH AVENUE		TITLI NAM STRI CITY TITLI NAM STRE	-ST-ZIP	MERM Thomas J	ADDITIONS/ Elizabeth h 9th Au FL 32500 ames R orth 9th h	CHANGES  W. e.	ent of State		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM FARMER, CH 5151 NORTH PENSACOLA MGRM CUMBERLAN 5151 NORTH PENSACOLA .MGRM	MANAGING MEMBER HARLES E H NINTH AVENUE A, FL 32504  ND, GARY D H NINTH AVENUE A, FL 32504  A PATHOLOGISTS, I AVE.	☐ Delete ☐ Delete ☐ Delete	TITLI NAM STRI CITY TITLI NAM STRI CITY TITLI NAM STRI STRI TITLI NAM	-ST-ZIP E ET ADDRESS -ST-ZIP	rensacoia, 46RM Thomas, Jo 51.51 No Pensacolo Maren	ADDITIONS/ Elizabeth h 9th Au FL 32500 ames R, orth 9th R a, FL 33	CHANGES  W. e. H	Change	X Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	MGRM FARMER, CH 5151 NORTH PENSACOLA MGRM CUMBERLAN 5151 NORTH PENSACOLA .MGRM PENSACOLA 5151 N. 9TH	MANAGING MEMBER HARLES E H NINTH AVENUE A, FL 32504  ND, GARY D H NINTH AVENUE A, FL 32504  A PATHOLOGISTS, I AVE.	☐ Delete ☐ Delete ☐ Delete	TITLL NAM STRE CITY	ST-ZIP  E E ET ADDRESS -ST-ZIP E E E -ST-ZIP E E	rensacoia, 46RM Thomas, Jo 51.51 No Pensacolo Maren	ADDITIONS/ Elizabeth h 9th Au FL 32500 ames R orth 9th h	CHANGES  W. e. H	Change	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM FARMER, CH 5151 NORTH PENSACOLA MGRM CUMBERLAN 5151 NORTH PENSACOLA .MGRM PENSACOLA 5151 N. 9TH	MANAGING MEMBER HARLES E H NINTH AVENUE A, FL 32504  ND, GARY D H NINTH AVENUE A, FL 32504  A PATHOLOGISTS, I AVE.	Delete  Delete	TITLL NAM STRE CITY TITLL NAM STRE	-ST-ZIP  E E ET ADDRESS -ST-ZIP  E E ET ADDRESS -ST-ZIP  E E ET ADDRESS -ST-ZIP  E E E ET ADDRESS -ST-ZIP	rensacoia, 46RM Thomas, Jo 51.51 No Pensacolo Maren	ADDITIONS/ Elizabeth h 9th Au FL 32500 ames R, orth 9th R a, FL 33	CHANGES  W. e. H	Change Change Change	Addition  Addition  Addition	
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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: MILLEUM

PRESENTATIVE

(850) 416-7180

Daytime Phone #