

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003956

FILED
Feb 13, 2009
Secretary of State

Entity Name: DIAGNOSTIC SPECIALISTS, L.L.C.

Current Principal Place of Business:

5151 NORTH 9TH AVE.
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10450
PENSACOLA, FL 32524

New Mailing Address:

FEI Number: 59-3583319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARMER, CHARLES E
5151 NORTH 9TH AVE.
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

FARMER, CHARLES E
5149 NORTH 9TH AVENUE
SUITE 122
PENSACOLA, FL 32504 US

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:

02/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FARMER, CHARLES E
Address: 5151 NORTH NINTH AVENUE
City-St-Zip: PENSACOLA, FL 32504

Title: MGRM () Delete
Name: CUMBERLAND, GARY D
Address: 5151 NORTH NINTH AVENUE
City-St-Zip: PENSACOLA, FL 32504

Title: MGRM () Delete
Name: BENSON, ELIZABETH W
Address: 5151 NORTH 9TH AVE
City-St-Zip: PENSACOLA, FL 32504

Title: MGRM () Delete
Name: THOMAS, JAMES R
Address: 5151 NORTH 9TH AVE
City-St-Zip: PENSACOLA, FL 32504

Title: MGRM () Delete
Name: NGUYEN, CHI K
Address: 5151 NORTH 9TH AVENUE
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FARMER, CHARLES E
Address: 5149 NORTH 9TH AVENUE, SUITE 122
City-St-Zip: PENSACOLA, FL 32504

Title: MGRM (X) Change () Addition
Name: MAYFILED, CHARLES A
Address: 5149 NORTH 9TH AVENUE, SUITE 122
City-St-Zip: PENSACOLA, FL 32504

Title: MGRM (X) Change () Addition
Name: BENSON, ELIZABETH W
Address: 5149 NORTH 9TH AVE, SUITE 122
City-St-Zip: PENSACOLA, FL 32504

Title: MGRM (X) Change () Addition
Name: THOMAS, JAMES R
Address: 5149 NORTH 9TH AVE, SUITE 122
City-St-Zip: PENSACOLA, FL 32504

Title: MGRM (X) Change () Addition
Name: NGUYEN, CHI K
Address: 5149 NORTH 9TH AVENUE, SUITE 122
City-St-Zip: PENSACOLA, FL 32504

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES R. THOMAS

MGRM

02/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date