2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# L99000007210

Entity Name: GULFSTREAM DIAGNOSTICS, L.L.C.

Current Principal Place of Business:

1001 SE MONTERAY COMMONS BLVD
SUITE 300
STUART, FL 34996 US

New Principal Place of Business:

Current Mailing Address:

1001 SE MONTERAY COMMONS BLVD
SUITE 300
STUART, FL 34996 US

New Mailing Address:

FEI Number: 65-1011419 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GULFSTREAM DIAGNOSTICS
500 E. OSCEOLA ST., SUITE 101
STUART, FL 34994 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title:	MGR	( ) Delete
Name:	FERGUSON, LINDA L	
Address:	938 N.W. SUNSET TERRACE	
City-St-Zip:	STUART, FL 34994	
Title:	MGRM	( ) Delete
Name:	BRADLEY, A. JAMES M.D.	
Address:	4701 SPINNAKER PT.	
City-St-Zip:	STUART, FL 34996	
Title:	MGRM	( ) Delete
Name:	MUFSON, LARRY H M.D.	
Address:	3493 S.E. DOBBLETON DR.	
City-St-Zip:	STUART, FL 34997	
Title:	MGRM	( ) Delete
Name:	GAGE, JOSEPH S M.D.	
Address:	5 EAST HIGH POINT RD.	
City-St-Zip:	STUART, FL 34996	
Title:	MGRM	( ) Delete
Name:	BENNETT, NORMAN E M.D.	
Address:	DUNE DRIVE	
City-St-Zip:	STUART, FL 34996	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LINDA L FERGUSON MGR 04/28/2005

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