2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009359

1. Entity Name

DIAGNOSTIC INVESTMENTS, L.L.C.

Principal Place of Business	Mailing Address
809 EAST PALMETTO PARK ROAD BOCA RATON FL 33432	809 EAST PALMETTO PARK ROAD BOCA RATON FL 33432

2. Principal Place of Business 1 South Ocean Blvd.

Suite, Apt. #, etc. Suite 206

City & State Boca Raton, FL

Zip 33432   Country USA

3. Mailing Address 1 South Ocean Blvd.

Suite, Apt. #, etc. Suite 206

City & State Boca Raton, FL

Zip 33432   Country USA

4. FEI Number 65-1023046

☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name Howard Chatoff

Street Address (P.O. Box Number is Not Acceptable)
1 South Ocean Blvd
Suite 206

City Boca Raton   FL   Zip Code 33432

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: Howard Chatoff Pres. 8/3/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME CHATOFF STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MGR NAME HOWARD CHATOFF STREET ADDRESS 1 South Ocean Blvd, Suite 206 CITY-ST-ZIP Boca Raton, FL 33432	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	700003390227---4 -09/12/00--01071--003 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (5/00)

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: Howard Chatoff Pres. 8/3/00 (561) 416-0125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #