

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 12, 2001 08:00 AM****Secretary of State****DOCUMENT # L99000009359****1. Entity Name**
DIAGNOSTIC INVESTMENTS, L.L.C.

Principal Place of Business	Mailing Address
1 SOUTH OCEAN BLVD. STE. 206 BOCA RATON FL 33432	1 SOUTH OCEAN BLVD. STE. 206 BOCA RATON FL 33432

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country

4. FEI Number	Applied For
65-1023046	Not Applicable

5. Certificate of Status Desired	Additional Fee Required
<input checked="" type="checkbox"/>	\$5.00

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOWARD CHATOFF 1 SOUTH OCEAN BLVD. STE. 206 BOCA RATON FL 33432 US	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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. (NOTE: Registered Agent signature required when reinstating)	02/12/2001

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

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHATOFF HOWARD 1 SOUTH OCEAN BLVD., STE. 206 BOCA RATON FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:	Typed Name	Title	Date	Daytime Phone #
Howard S. Chatoff	mgr	02/12/2001		

CR2E083 (11/00)