

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M00000001370

**FILED**  
**Feb 10, 2004**  
**Secretary of State**

**Entity Name:** MOBILE BIOPSY MANAGEMENT, LLC

**Current Principal Place of Business:**

164 BAYMOUNT DRIVE  
STATESVILLE, NC 28625

**New Principal Place of Business:**

**Current Mailing Address:**

164 BAYMOUNT DRIVE  
STATESVILLE, NC 28625

**New Mailing Address:**

**FEI Number:** 56-2047324

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBINSON, GARY T MD  
2012 HARWOOD C  
DEERFIELD BEACH, FL 33442 US

**Name and Address of New Registered Agent:**

ROBINSON, GARY T MD  
2001 HARWOOD C  
DEERFIELD BEACH, FL 33442 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: GARY ROBINSON

02/10/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: ROBINSON, GARY T  
Address: 164 BAYMOUNT DRIVE  
City-St-Zip: STATESVILLE, NC 28625

**ADDITIONS/CHANGES:**

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: GARY ROBINSON

MGR

02/10/2004

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