

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001370

FILED
Jan 16, 2005
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
2001 HARWOOD C
DEERFIELD BEACH, FL 33442 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: 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

MGRM

01/16/2005

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