## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# M01000002387

Address:

City-St-Zip:

AUGUSTA, GA

Entity Name: PHYSICIAN DIAGNOSTIC SERVICES, LLC

Apr 26, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1801 CENTREPARK DR., E, STE 110 WEST PALM BEACH, FL 33401 **Current Mailing Address: New Mailing Address:** 1801 CENTREPARK DR., E, STE 110 WEST PALM BEACH, FL 33401 FEI Number: 58-2519726 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HEYNIGER, SEAN 1801 CENTREPARK DR., E, STE 110 WEST PALM BEACH, FL 33401 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: ADDITIONS/CHANGES:** MGRM () Change () Addition () Delete CALLAHAN, PETER Name: Name: 2415 CASA DE MARBELLA Address: Address: City-St-Zip: PALM BEACH GARDENS, FL City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: HEYNIGER, SEAN Name: Address: 1801 CENTREPARK DR., E. STE 110 Address: City-St-Zip: WEST PALM BEACH, FL City-St-Zip: Title: () Delete Title: MGRM (X) Change ( ) Addition MCCULLY JR, J. GREIG Name: MCCULLY JR, J. GREIG Name: 751 TRIPPD COURT 751 TRIPPS COURT

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.

Address:

City-St-Zip:

AUGUSTA, GA

SIGNATURE: SEAN HEYNIGER **MGRM** 04/26/2002