

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002387

FILED
Mar 23, 2005
Secretary of State

Entity Name: PHYSICIAN DIAGNOSTIC SERVICES, LLC

Current Principal Place of Business:

1801 CENTREPARK DR., E, STE 110
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

1801 CENTREPARK DR., E, STE 110
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 58-2519726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CALLAHAN, PETER
Address: 2415 CASA DE MARBELLA
City-St-Zip: PALM BEACH GARDENS, FL

Title: MGR () Delete
Name: HEYNIGER, SEAN
Address: 1801 CENTREPARK DR., E, STE 110
City-St-Zip: WEST PALM BEACH, FL

Title: MGR () Delete
Name: MCCULLY JR, J. GREIG
Address: 751 TRIPPS COURT
City-St-Zip: AUGUSTA, GA

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SEAN HEYNIGER

MGR

03/23/2005

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