## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M01000002387

Entity Name: PHYSICIAN DIAGNOSTIC SERVICES, LLC

FILED Mar 10, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1801 CENTREPARK DR., E, STE 110 WEST PALM BEACH, FL 33401				227 WASHINGTON STREET CONSHOHOCKEN, PA 19428			
Current M	lailing Addres	s:		New Maili	ng Address:		
1801 CENTREPARK DR., E, STE 110 WEST PALM BEACH, FL 33401				227 WASHINGTON STREET COHSHOHOCKEN, PA 19428			
FEI Number	: 58-2519726	FEI Number Applied For()	FEI Nur	nber Not Appl	licable ( )	Certificate of Status De	sired ( )
Name and	Address of C	urrent Registered Agent:		Name and	Address of I	New Registered Ager	nt:
1201 HAYS TALLAHAS	SSEE, FL 323	012525 US		£ - b - u - u : u - u :	<b>.</b>	- CC:	
in the State	rnamed entity : ∋ of Florida.	submits this statement for the p	purpose d	i changing i	is registered (	office of registered age	ent, or both
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
MANAGING MEMBERS/MANAGERS:				ADDITIONS/CHANGES:			
Title: Name: Address: City-St-Zip:	SWEENEY, JA	AVENUE, SUITE 700		Title: Name: Address: City-St-Zip:	INC, PDF HEA 227 WASHING		
Title: Name: Address: City-St-Zip:	ROBERTS, DO	AVENUE , SUITE 700		Title: Name: Address: City-St-Zip:	THURMAN, RA 227 WASHING		
Title: Name: Address: City-St-Zip:	( )	Delete		Title: Name: Address: City-St-Zip:	GALVIN, MART 227 WASHING		
Title: Name: Address: City-St-Zip:	( )	Delete		Title: Name: Address: City-St-Zip:	IMPERATO, JO 227 WASHING		
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	THURMAN, RA 227 WASHING		
Title: Name: Address: City-St-Zip:	( )	Delete		Title: Name: Address: City-St-Zip:	GALVIN, MART 227 WASHING		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOHN IMPERATO VPSD 03/10/2009