

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000002194

1. Entity Name
Davis Diagnostics, LLC



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2. Principal Place of Business
290 CLYDE MORRIS BL.
Suite, Apt. #, etc.
Suite C-1

3. Mailing Address
151 GULFSTREAM DR.
Suite, Apt. #, etc.

City & State
ORMOND BEACH, FL

City & State
TEQUESTA, FL

Zip
32174

Country
U.S.

Zip
33469

Country
U.S.

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10/01/04

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4. FEI Number
51-0420419

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

7. Name and Address of Current Registered Agent
Name: National Corporate Research, LTD
Street Address (P.O. Box Number is Not Acceptable):
615 South DuPont Highway
City: DOVER, Delaware FL Zip: 79901

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
MGRM	Davis, William J.	121 New Haven Blvd.	Jupiter, FL 33458
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

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10. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [Signature] 7/20/04

DATE: 7/20/04

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