

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001084

FILED  
May 09, 2009  
Secretary of State

Entity Name: SEITZ DIAGNOSTIC GROUP LLC

**Current Principal Place of Business:**

2848 S. SEACREST BLVD  
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

3646 CYPRESS EDGE DRIVE  
BOYNTON BEAC, FL 33435

**New Mailing Address:**

1108 DELACOURT LANE  
MATTHEWS, NC 28104

FEI Number: 81-0602573      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

NATIONAL CORPORATE RESEARCH, LTD., INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301      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/MANAGERS:**

Title: MGR      ( ) Delete  
Name: SEITZ, LAURA  
Address: 3646 CYPRESS EDGE DR.  
City-St-Zip: LAKE WORTH, FL 33467

Title: MGR      ( ) Delete  
Name: SEITZ, KENT  
Address: 3646 CYPRESS EDGE DRIVE  
City-St-Zip: LAKE WORTH, FL 33467

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: SEITZ, LAURA  
Address: 1108 DELACOURT LANE  
City-St-Zip: MATTHEWS, NC 28104

Title: MGR      (X) Change ( ) Addition  
Name: SEITZ, KENT  
Address: 1108 DELACOURT LANE  
City-St-Zip: MATTHEWS, NC 28104

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: LAURA SEITZ

PRES

05/09/2009

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