2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# M07000001333

Entity Name: DIAGNOSTIC TEST GROUP, LLC

Current Principal Place of Business:

141 N.W. 20TH STREET
SUITE H3
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

141 N.W. 20TH STREET
SUITE H3
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 20-4364225 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMPSON, RICHARD S
141 NW 20TH STREET
SUITE H3
BOCA RATON, FL 33431 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:	CEO	( ) Delete
Name:	SIMPSON, RICHARD S	
Address:	141 N.W. 20TH STREET, SUITE H3	
City-St-Zip:	BOCA RATON, FL 33431	
Title:	COO	( ) Delete
Name:	LUSTIG, GREGORY J	
Address:	141 N.W. 20TH STREET, SUITE H3	
City-St-Zip:	BOCA RATON, FL 33431	
Title:	CFO	( ) Delete
Name:	LUSTIG, JASON E	
Address:	141 NW 20TH STREET, SUITE H3	
City-St-Zip:	BOCA RATON, FL 33431	

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 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: RICHARD SIMPSON MGRM 04/17/2009

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