

MO 7000006211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

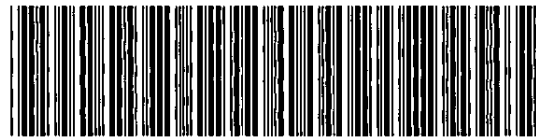
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100134836221

08/27/08--01034--007 \*\*25.00

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08 AUG 27 PM 1:34

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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08 SEP 15 PM 2:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

SEP 15 2008

EXAMINER

CORP DIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: ASHLEY SMITH

DATE: 08-27-2008

REF. #: 000177.91531

CORP. NAME: FLORIDA HEALTH DIAGNOSTICS LLC

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input checked="" type="checkbox"/> WITHDRAWAL   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |  |
| <input type="checkbox"/> OTHER:                      |   |  |

STATE FEES PREPAID WITH CHECK# 527300 FOR \$ 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
08 SEP 15 AM 11:30

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

August 28, 2008

ASHLEY SMITH  
CORPDIRECT AGENTS  
TALLAHASSEE, FL

SUBJECT: HEALTH DIAGNOSTICS LLC doing business in Florida as FLORIDA  
HEALTH DIAGNOSTICS LLC  
Ref. Number: M07000006211

We have received your document for HEALTH DIAGNOSTICS LLC doing business in Florida as FLORIDA HEALTH DIAGNOSTICS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$25.00 payment.

As discussed, this is being returned unfiled.

If you wish, we can apply the \$25.00 fee to the filing of the Amendment to drop the DBA name, which you will be filing soon after September 14, 2008.

ALSO, please note that this company has not yet filed its 2008 Annual Report. This must be filed before September 14, 2008.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr  
Regulatory Specialist II

Letter Number: 908A00047878

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TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR  
WITHDRAWAL OF AUTHORITY TO TRANACT BUSINESS IN  
FLORIDA**

FLORIDA HEALTH DIAGNOSTICS LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

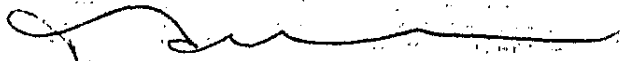
6 CORPORATE CENTER DRIVE, SUITE 101

(Mailing address)

MELVILLE, NEW YORK 11747

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.



(Signature of member or authorized representative of a member)

TIMOTHY DAMADIAN

(Typed or printed name of signee)

**Filing Fee: \$25.00**

FILED  
08 SEP 15 PM 2:35  
CLERK OF STATE  
TALLAHASSEE, FLORIDA