

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000001762

FILED  
Feb 16, 2011  
Secretary of State

**Entity Name:** DIAGNOSE NORTH AMERICA, LLC

**Current Principal Place of Business:**

9037 SW 113 PLACE CIR W  
MIAMI, FL 33176 US

**New Principal Place of Business:**

659 102ND AVE. N  
NAPLES, FL 34108 US

**Current Mailing Address:**

9037 SW 113 PLACE CIR W  
MIAMI, FL 33176 US

**New Mailing Address:**

659 102ND AVE. N  
NAPLES, FL 34108 US

**FEI Number:** 26-1229052

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRANCO DE SIQUEIRA, JOSE FRANCISCO  
9037 SW 113 PLACE CIRCLE W  
MIAMI, FL 33176 US

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

FRANCO DE SIQUEIRA, JOSE FRANCISCO  
659 102ND AVE. N  
NAPLES, FL 34108 US

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:

02/16/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FRANCO DE SIQUEIRA, JOSE FRANCISCO  
Address: 659 102ND AVE. N  
City-St-Zip: NAPLES, FL 34108 US

Title: MGRM  
Name: DE ALMEIDA, LEILA R  
Address: 659 102ND AVE. N  
City-St-Zip: NAPLES, FL 34108 US

I hereby 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: JOSE FRANCISCO FRANCO DE SIQUEIRA

MR

02/16/2011

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