2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 28, 2005 8:00 am Secretary of State 03-28-2005 90290 045 ****50.00

1. Entity Na	JMENT # M99000001 TH DIAGNOSTICS, LLC	099						1117 1 11			0.00
,	ce of Business	Mailing Address	failing Address			40041056					
10720 SIKES PLACE, SUITE 300 CHARLOTTE, NC 28277		10720 SIKES PLACE, SUITE 300 CHARLOTTE, NC 28277				I IBB (B 0 11) fi		. ;		ISI NTIFU (ASIA I	8 4 8 1 1 1 1 1 1 1 1 1
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		020	12005	Chg-	LLC	CR2E0	83 (10/03)		
City & State		City & State			J	El Numb 6-210					pplied For ot Applicable
ZipCountry		Zip	Country			ertificate	of Status	Desired		\$5.00 Ad	ditional
	6. Name and Address of Current F	legistered Agent	<u> </u>		7. N	arne and	Addres:	of New Re			
	·			Name						·	
1200 SOL	PORATION SYSTEM JTH PINE ISLAND ROAD TON, FL :33324	Street Address (idress (P.O. B	Numb	er is Not	Acceptable)				
	\$ \$	City		City					FL	Zip Coo	ie
	e named entity submits this statement for ations of registered agent.	the purpose of changing its	registere	ed office or	registered age	nt, or bo	th, in the	State of Flori	ida. I am f	amiliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent ar	od tile if applicable (NOT)	F: Ramstere	d Agent signatur	re required when rel	netating)			DATE		
	iling Fee is \$50.00 ue by May 1, 2005			· · · · · · · · · · · · · · · · · · ·				Make	check pa	ayable to ent of Stat	e
9.	MANAGING MEMBER		10.		mar			DITIONS/C	HANGES		
TITLE	MGR	🔀 Delete	TITLE		James			Ker		Change	**Addition
NAME STREET ADDRESS CITY-ST-ZIP	CRANE, DAVID 10720 SIKES PLACE, STE. 300 CHARLOTTE, NC 28277			ET ADDRESS ST-ZIP	10720 Charle	_				300	
TITLE	MGR	☐ Delete	TITLE							Change	Addition
NAME	HARRIS, JAMES É	_ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NAME	: Í							
STREET ADDRESS	10720 SIKES PLACE, STE. 300 ~			ET ADDRESS							
CITY-ST-ZIP	CHARLOTTE, NC 28277		CITY-	-ST-ZIP							
TITLE	MGR	Delete	TITLE	- 1						☐ Change	☐ Addition
NAME	CASEY, JOHN T 10720 SIKES PLACE, STE 300		NAME								
STREET ADDRESS CITY-S1-ZIP	CHARLOTTE, NC 28277			ET ADDRESS -ST-ZIP							
TITLE		☐ Delete	TITLE							☐ Change	Addition
NAME)	<u> </u>	NAME							Unungo	
STREET ADDRESS			STREE	T ADDRESS							
CITY-ST-ZIP		·	C#TY-	ST-ZIP							
TITLE		Delete	TITLE							Change	Addition
NAME STREET ADDRESS											
CITY-ST-ZIP			NAME	1							
CI11-21-41			STREE	T ADDRESS ST-ZIP							
	•	☐ Deteta	STREE CITY-	T ADDRESS ST-ZIP		- <u> </u>				Change	☐ Addition
TITLE NAME	·	☐ Defete	STREE	T ADDRESS ST-ZIP						Change	☐ Addition
TITLE NAME STREET ADDRESS		☐ Defete	STREE CITY- TITLE NAME STREE	ST-ZIP ET ADDRESS						☐ Change	Addition
TITLE		☐ Delete	STREE CITY- TITLE NAME STREE	T ADDRESS ST-ZIP						☐ Change	☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Jan

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE