

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000059643

**Entity Name:** SUMMIT CLINICAL DIAGNOSTIC GROUP LLC

**Current Principal Place of Business:**

10300 SW 72ND STREET  
280  
MIAMI, FL 33173

**Current Mailing Address:**

10300 SW 72ND STREET  
280  
MIAMI, FL 33173 US

**FEI Number:** 45-5193330

**Certificate of Status Desired:** No

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

HEALTH CARE BUSINESS CONSULTANTS, LLC  
15522 FIORENZA CIRCLE  
DELRAY BEACH, FL 33446 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title	MANAGER	Title	MANAGER
Name	MARTINS, JOAO C	Name	ZAILA COTO, JUNIET
Address	10300 SW 72ND STREET 280	Address	10300 SW 72ND STREET 280
City-State-Zip:	MIAMI FL 33173	City-State-Zip:	MIAMI FL 33173

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOAO C MARTINS

**MANAGER**

**01/07/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date