

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017253

FILED
May 03, 2005
Secretary of State

Entity Name: FDM, P.L.C.

Current Principal Place of Business:

14100 FIVAY RD
SUITE 120
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

PO BOX 2089
TARPON SPRINGS, FL 346882087

New Mailing Address:

FEI Number: 59-3747448 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GASSMAN, ALAN S ESQ.
1245 COURT STREET
SUITE 102
CLEARWATER, FL 33756 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

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GOYAL, RAJIVA M.D.
Address: PO BOX 2089
City-St-Zip: TARPON SPRINGS, FL 346882087

Title: MGRM () Delete
Name: GOYAL, MUNA C M.D.
Address: PO BOX 2089
City-St-Zip: TARPON SPRINGS, FL 346882087

ADDITIONS/CHANGES:

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 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 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: RAJIVA GOYAL

CEO

05/03/2005

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