

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000040899

**FILED**  
**Apr 22, 2005**  
**Secretary of State**

**Entity Name:** DISEASE TECHNOLOGY NETWORK, LLC

**Current Principal Place of Business:**

4350 SHERIDAN STREET, SUITE 202  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

4350 SHERIDAN STREET, SUITE 202  
HOLLYWOOD, FL 33021

**New Mailing Address:**

FEI Number: 20-1175423

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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

NASON YEAGER/ JOHN WHITE  
1645 PALM BEACH LAKES BLVD.  
SUITE 1200  
WEST PALM BEACH, FL 33401 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: NASON YEAGER/ JOHN WHITE

04/22/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: MEDICAL DIGITAL NETW, ORKS, INC.  
Address: 4350 SHERIDAN STREET, SUITE 202  
City-St-Zip: HOLLYWOOD, FL 33021

**ADDITIONS/CHANGES:**

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: MEDICAL DIGITAL NETWORKS, INC.

MGR

04/22/2005

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