

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000036754

FILED  
Apr 16, 2008  
Secretary of State

Entity Name: MOBILE IN-BALANCE DIAGNOSTICS, LLC

**Current Principal Place of Business:**

4305 VINELAND ROAD  
G-15  
ORLANDO, FL 32811

**New Principal Place of Business:**

**Current Mailing Address:**

4305 VINELAND ROAD  
G-15  
ORLANDO, FL 32811

**New Mailing Address:**

FEI Number: 06-1815623      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FINES, LEONIDES  
4305 VINELAND ROAD  
G-15  
ORLANDO, FL 32811 US

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

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/MANAGERS:**

Title: MGR ( ) Delete  
Name: FINES, LEONIDES  
Address: 8017 CHIANTI DRIVE  
City-St-Zip: ORLANDO, FL 32836

Title: MGR ( ) Delete  
Name: FINES, ANDREA  
Address: 8017 CHIANTI DRIVE  
City-St-Zip: ORLANDO, FL 32836

Title: MGR ( ) Delete  
Name: MOJICA, ABIGAIL  
Address: 2090 NEWTOWN ROAD  
City-St-Zip: GROVELAND, FL 34736

Title: MGR ( ) Delete  
Name: FINES, TERENCE  
Address: 8017 CHIANTI DRIVE  
City-St-Zip: ORLANDO, FL 32836

Title: MGR ( ) Delete  
Name: FINES, ADALAINE  
Address: 8017 CHIANTI DRIVE  
City-St-Zip: ORLANDO, FL 32836

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 exemption stated in Chapter 119, 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: LEONIDES FINES      MGR      04/16/2008

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