

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000036754

**FILED**  
**Mar 19, 2014**  
**Secretary of State**  
**CC4977376287**

**Entity Name:** MOBILE IN-BALANCE DIAGNOSTICS, LLC

**Current Principal Place of Business:**

1800 33RD STREET  
SUITE 200  
ORLANDO, FL 32839

**Current Mailing Address:**

1800 33RD STREET  
SUITE 200  
ORLANDO, FL 32839

**FEI Number:** 06-1815623

**Certificate of Status Desired:** No

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

FINES, LEONIDES G  
1800 33RD STREET  
SUITE 200  
ORLANDO, FL 32839 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 MGR  
Name FINES, LEONIDES G  
Address 5903 CAYMUS LOOP  
City-State-Zip: WINDERMERE FL 34786

Title MGR  
Name FINES, ANDREA E  
Address 5903 CAYMUS LOOP  
City-State-Zip: WINDERMERE FL 34786

Title MGR  
Name MOJICA, ABIGAIL C  
Address 7114 OLD PUMPKIN LANE  
City-State-Zip: WINTER GARDEN FL 34787

Title MGR  
Name FINES, TERENCE JAY C  
Address 12726 MOSS PARK RIDGE DRIVE  
City-State-Zip: ORLANDO FL 32832

Title MGR  
Name FINES, ADALAINE C  
Address 8017 CHIANTI DRIVE  
City-State-Zip: ORLANDO FL 32836

*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:** LEONIDES FINES

**MGR**

**03/19/2014**

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

\_\_\_\_\_  
Date