


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000013913 1. Entity Name MDINNOVATORS, LLC	
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Principal Place of Business 1886 S. 14TH STREET, SUITE 6 FERNANDINA BEACH, FL 32034	Mailing Address 1886 S. 14TH STREET, SUITE 6 FERNANDINA BEACH, FL 32034
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DO NOT WRITE IN THIS SPACE



02242005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3694417	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ZASSI MEDICAL EVOLUTIONS, INC 1886 S. 14TH ST., STE 6 FERNANDINA BEACH, FL 32034

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-installing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DYCK, PETER VON 1886 S. 14TH ST. FERNANDINA BEACH, FL 32034
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04/28/05-80094-016 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: RJ Brubaker Director of Finance 4/26/05 904-261-2169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #