

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017253

Entity Name: FDM, P.L.C.

FILED
May 27, 2008
Secretary of State

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 ()

Name and Address of Current Registered Agent:

GASSMAN, ALAN S ESQ.
1245 COURT STREET
SUITE 102
CLEARWATER, FL 33756 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: 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: CEO (X) Change () Addition
Name: GOYAL, RAJIVA M.D.
Address: PO BOX 2089
City-St-Zip: TARPON SPRINGS, FL 346882087

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: RAJIVA GOYAL

CEO

05/27/2008

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