

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028572

FILED  
Jul 05, 2006  
Secretary of State

Entity Name: MDI, MB, LLC

**Current Principal Place of Business:**

875 NORTH MILITARY TRAIL  
SUITE 101  
JUPITER, FL 33458 US

**New Principal Place of Business:**

**Current Mailing Address:**

3801 PGA BOULEVARD  
SUITE 604  
PALM BEACH GARDENS, FL 33410 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

SINGER, MICHAEL S ESQ  
3801 PGA BOULEVARD  
SUITE 604  
PALM BEACH GARDENS, FL 33410 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: MEDICAL DIAGNOSTIC I, MAGING OF JUPI T ER, INC  
Address: 2290 40TH AVE NORTH STE 101  
City-St-Zip: LAKE WORTH, FL 33461

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MEDICAL DIAGNOSTIC I, MAGING OF JUPI T ER, INC  
Address: 2290 10TH AVE NORTH STE 101  
City-St-Zip: LAKE WORTH, FL 33461

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL HOFFMAN

P

07/05/2006

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