

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000100689

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** OUTCOME BASED DELIVERY SYSTEMS MANAGEMENT, LLC

**Current Principal Place of Business:**

2825 NORTH STATE ROAD 7  
STE 204  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

2825 NORTH STATE ROAD 7  
STE 204  
MARGATE, FL 33063

**New Mailing Address:**

**FEI Number:** 83-0472035

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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  
Name: MOSKOW, ERIC D MD  
Address: 2825 NORTH STATE ROAD 7, SUITE 204  
City-St-Zip: MARGATE, FL 33063

I hereby 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: ERIC D. MOSKOW

MGRM

01/05/2010

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