2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2008
Secretary of State

DOCUMENT# L06000104806

Entity Name: HEALTHSCREENDIRECT, LLC

Current Principal Place of Business:

401 EAST LAS OLAS BOULEVARD
SUITE 1120
FORT LAUDERDALE, FL 33301 US

New Principal Place of Business:

Current Mailing Address:

401 EAST LAS OLAS BOULEVARD
SUITE 1120
FORT LAUDERDALE, FL 33301 US

New Mailing Address:

FEI Number: 20-5807054 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

OSTROW, JEFFREY M ESQ.
350 EAST LAS OLAS BOULEVARD
980
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

BUCHWALD, JASON M MD
401 E LAS OLAS BLVD
1120
FORT LAUDERDALE, FL 33301 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: JASON BUCHWALD 02/26/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BUCHWALD, JASON
Address: 401 EAST LAS OLAS BOULEVARD
City-St-Zip: FORT LAUDERDALE, FL 33301 US

ADDITIONS/CHANGES:

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: JASON BUCHWALD MGRM 02/26/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date