

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000006642

FILED  
Apr 23, 2008  
Secretary of State

**Entity Name:** MOBILE DIAGNOSTIC SOLUTIONS, LLC

**Current Principal Place of Business:**

1702 PRAIRIE LAKE BLVD.  
OCOE, FL 34761

**New Principal Place of Business:**

**Current Mailing Address:**

1702 PRAIRIE LAKE BLVD.  
OCOE, FL 34761

**New Mailing Address:**

**FEI Number:** 20-8282310

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KHAN, NISHAD A  
111 NORTH ORANGE AVENUE, SUITE 1200  
ORLANDO, FL 32801 US

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

KHAN, NISHAD A  
907 OUTER RD. SUITE B  
ORLANDO, FL 32814 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:**

04/23/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: KANE, MORGAN  
Address: 1702 PRAIRIE LAKE BLVD  
City-St-Zip: OCOE, FL 34761

Title: MGR ( ) Change (X) Addition  
Name: GABRIEL, CARLOS  
Address: 400 RUBY LAKE PLACE  
City-St-Zip: WINTER HAVEN, FL 33884

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:** MORGAN KANE

MGR

04/23/2008

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