

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000006642

FILED
Apr 28, 2009
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:

907 OUTER RD
SUITE B
ORLANDO, FL 32814

Current Mailing Address:

1702 PRAIRIE LAKE BLVD.
OCOE, FL 34761

New Mailing Address:

907 OUTER RD
SUITE B
ORLANDO, FL 32814

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
907 OUTER RD. SUITE B
ORLANDO, FL 32814 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: MGR () Delete
Name: KANE, MORGAN
Address: 1702 PRAIRIE LAKE BLVD
City-St-Zip: OCOE, FL 34761

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MORGAN KANE

MGR

04/28/2009

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