2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000036754

Entity Name: MOBILE IN-BALANCE DIAGNOSTICS, LLC

FILED Apr 16, 2008 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
4305 VINE	LAND ROAD			
G-15	D, FL 32811			
		Now Mailing Address		
Current Mailing Address:		New Maning Address	New Mailing Address:	
4305 VINE G-15	ELAND ROAD			
	D, FL 32811			
FEI Number	: 06-1815623 FEI Number Applied Fo	or () FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	I Address of Current Registered A	gent: Name and Address o	f New Registered Agent:	
	_			
FINES, LE 4305 VINE	ONIDES ELAND ROAD			
G-15				
ORLANDO	D, FL 32811 US			
	e named entity submits this statement e of Florida.	for the purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:			
	Electronic Signature of Regist	ered Agent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title:	MGR () Delete	Title:	() Change () Addition	
Name:	FINES, LEONIDES	Name:		
Address: City-St-Zip:	8017 CHIANTI DRIVE ORLANDO, FL 32836	Address: City-St-Zip:		
Oity Ot Zip.	ONE 1100, 12 32000	Oity of Zip.		
Title:	MGR () Delete	Title:	() Change () Addition	
Name:	FINES, ANDREA	Name:		
Address: City-St-Zip:	8017 CHIANTI DRIVE ORLANDO, FL 32836	Address: City-St-Zip:		
Oity-Ot-Zip.	ONEANDO, LE 32000	Oity-St-Zip.		
Title:	MGR () Delete	Title:	() Change () Addition	
Name:	MOJICA, ABIGAIL	Name:		
Address:	2090 NEWTOWN ROAD	Address:		
City-St-Zip:	GROVELAND, FL 34736	City-St-Zip:		
Title:	MGR () Delete	Title:	() Change () Addition	
Name:	FINES, TERENCE	Name:		
Address:	8017 CHIANTI DRIVE	Address:		
City-St-Zip:	ORLANDO, FL 32836	City-St-Zip:		
Title:	MGR () Delete	Title:	() Change () Addition	
Name:	FINES, ADALAINE	Name:	•	
Address:	8017 CHIANTI DRIVE	Address:		
City-St-Zip:	ORLANDO, FL 32836	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: LEONIDES FINES MGR 04/16/2008