

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000036754

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Entity Name:** MOBILE IN-BALANCE DIAGNOSTICS, LLC

**Current Principal Place of Business:**

4305 VINELAND ROAD  
G-15  
ORLANDO, FL 32811

**New Principal Place of Business:**

**Current Mailing Address:**

4305 VINELAND ROAD  
G-15  
ORLANDO, FL 32811

**New Mailing Address:**

**FEI Number:** 06-1815623

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FINES, LEONIDES G  
4305 VINELAND ROAD  
G-15  
ORLANDO, FL 32811 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  
**Name:** FINES, LEONIDES G  
**Address:** 8017 CHIANTI DRIVE  
**City-St-Zip:** ORLANDO, FL 32836

**Title:** MGR  
**Name:** FINES, ANDREA E  
**Address:** 8017 CHIANTI DRIVE  
**City-St-Zip:** ORLANDO, FL 32836

**Title:** MGR  
**Name:** MOJICA, ABIGAIL C  
**Address:** 7114 OLD PUMPKIN LANE  
**City-St-Zip:** WINTER GARDEN, FL 34787

**Title:** MGR  
**Name:** FINES, TERENCE JAY C  
**Address:** 12726 MOSS PARK RIDGE DRIVE  
**City-St-Zip:** ORLANDO, FL 32832

**Title:** MGR  
**Name:** FINES, ADALAINE C  
**Address:** 8017 CHIANTI DRIVE  
**City-St-Zip:** ORLANDO, FL 32836

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:** LEONIDES G. FINES

MGR

04/20/2010

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