2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# L08000036796

Entity Name: HEALTH DIAGNOSTICS OF ORLANDO, LLC

Current Principal Place of Business:

2010 SOUTH ORANGE AVE.
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

6 CORPORATE CENTER DRIVE, SUITE 101
MELVILLE, NY 11747

New Mailing Address:

FEI Number: 59-3357390 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVE
TALLAHASSEE, FL 32301 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: ( ) Delete
Name:
Address:
City-St-Zip:

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

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

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

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

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

ADDITIONS/CHANGES:

Title: PSMR ( ) Change (X) Addition
Name: PETERS, BRADFORD G
Address: 6 CORPORATE CENTER DRIVE, SUITE 101
City-St-Zip: MELVILLE, NY 11747

Title: CFO ( ) Change (X) Addition
Name: HESS, DAVE
Address: 6 CORPORATE CENTER DRIVE, SUITE 101
City-St-Zip: MELVILLE, NY 11747

Title: COO ( ) Change (X) Addition
Name: DEMAIO, RICH
Address: 6 CORPORATE CENTER DRIVE, SUITE 101
City-St-Zip: MELVILLE, NY 11747

Title: VP ( ) Change (X) Addition
Name: RODRIGO, XAVIER
Address: 6 CORPORATE CENTER DRIVE, SUITE 101
City-St-Zip: MELVILLE, NY 11747

Title: MGR ( ) Change (X) Addition
Name: CHACKERIAN, ARA
Address: 6 CORPORATE CENTER DRIVE, SUITE 101
City-St-Zip: MELVILLE, NY 11747

Title: MGR ( ) Change (X) Addition
Name: DAMADIAN, TIMOTHY
Address: 6 CORPORATE CENTER DRIVE, SUITE 101
City-St-Zip: MELVILLE, NY 11747

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: DAVE HESS CFO 04/13/2009

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