2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP

Feb 25, 2005 08:00 AM **DOCUMENT # M04000002925 Secretary of State** 1. Entity Name HDI ÓRLANDO LLC Mailing Address Principal Place of Business 2620 REGATTA DRIVE, SUITE 208B 2620 REGATTA DRIVE, SUITE 208B LAS VEGAS, NV 89128 LAS VEGAS, NV 89128 01202005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1146059 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BALSLEY, SHIRLEY DO NOT WRITE 7083 GRAND NATIONAL DRIVE, SUITE 104 ORLANDO, FL 32819 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 9, MANAGING MEMBERS/MANAGERS MGRM TITLE HEALTHDATA INSIGHTS, INC. NAME STREET ADDRESS 2620 REGATTA DRIVE, SUITE 208B CITY-ST-ZIP LAS VEGAS, NV 89128 uz/25/05-60024-003 50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

FILED