

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000001737

**FILED**  
**Mar 02, 2010**  
**Secretary of State**

**Entity Name:** HEALTH DIAGNOSTICS MANAGEMENT OF AMERICA, LLC

**Current Principal Place of Business:**

6 CORPORATE CENTER DRIVE, FIRST FLOOR  
MELVILLE, NY 11747

**New Principal Place of Business:**

8 CORPORATE CENTER DRIVE, SUITE 105  
MELVILLE, NY 11747

**Current Mailing Address:**

6 CORPORATE CENTER DRIVE, FIRST FLOOR  
MELVILLE, NY 11747

**New Mailing Address:**

8 CORPORATE CENTER DRIVE, SUITE 105  
MELVILLE, NY 11747

**FEI Number:** 03-0402928

**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 AVENUE  
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:** PSMR  
**Name:** PETERS, BRADFORD G  
**Address:** 8 CORPORATE CENTER DRIVE, SUITE 105  
**City-St-Zip:** MELVILLE, NY 11747

**Title:** CFO  
**Name:** HESS, DAVE  
**Address:** 8 CORPORATE CENTER DRIVE, SUITE 105  
**City-St-Zip:** MELVILLE, NY 11747

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:** DAVID HESS

CFO

03/02/2010

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