

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000001737

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

8 CORPORATE CENTER DRIVE, SUITE 105  
MELVILLE, NY 11747

**New Principal Place of Business:**

**Current Mailing Address:**

8 CORPORATE CENTER DRIVE, SUITE 105  
MELVILLE, NY 11747

**New Mailing Address:**

**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: VP  
Name: FEIGENBAUM, RICH  
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: RICH FEIGENBAUM

VP

01/04/2012

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