

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000004189

**Entity Name:** HEALTH DIAGNOSTICS LLC

**FILED**  
**Jan 28, 2011**  
**Secretary of State**

**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:** 26-0356132

**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, DAVID  
**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

01/28/2011

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