

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000000651

**FILED**  
**Apr 15, 2011**  
**Secretary of State**

**Entity Name:** LILLY ROSE MARSHALL, MEDICAL CORPORATION

**Current Principal Place of Business:**

4300 W. FRANCISCO ROAD  
35  
PENSACOLA, FL 32504

**New Principal Place of Business:**

**Current Mailing Address:**

5655 LINDERO CANYON ROAD  
SUITE 124  
WESTLAKE VILLAGE, CA 91362

**New Mailing Address:**

558 ST. CHARLES DRIVE  
SUITE 114  
THOUSAND OAKS, CA 91360

**FEI Number:** 20-5227165

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. 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

**OFFICERS AND DIRECTORS:**

Title: CVCD  
Name: MARSHALL, LILLY  
Address: 4300 W. FRANCISCO ROAD, SUITE 35  
City-St-Zip: PENSACOLA, FL 32504

Title: PVPS  
Name: MARSHALL, LILLY  
Address: 4300 W. FRANCISCO ROAD, SUITE 35  
City-St-Zip: PENSACOLA, FL 32504

Title: T  
Name: MARSHALL, LILLY  
Address: 4300 W. FRANCISCO ROAD, SUITE 35  
City-St-Zip: PENSACOLA, FL 32504

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LILLY MARSHALL

PRES

04/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date