


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 28, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000012633  
 1. Entity Name  
 ORANGE PARK NEUROLOGICAL BUILDING, L.L.C.



Principal Place of Business  
 1730 WALTON LAKE COURT  
 ORANGE PARK, FL 32003

Mailing Address  
 1730 WALTON LAKE COURT  
 ORANGE PARK, FL 32003

**DO NOT WRITE IN THIS SPACE**



08222007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 56-2370853	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BARKER & BARKER, P.A.  
 4244 ST. JOHNS AVENUE  
 JACKSONVILLE, FL 32210

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by September 14, 2007**

U00000772825  
 08/28/07-80005-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAM HOLDINGS, LLC 1730 WALTON LAKE COURT ORANGE PARK, FL 32003
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: Victor Maguena Victor Maguena 8/22/2007 483-3170  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #