

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021572

FILED
Jul 01, 2006
Secretary of State

Entity Name: MEDICAL VENTURES OF AMERICA, PLLC

Current Principal Place of Business:

8404 US HIGHWAY 441
LEESBURG, FL 34788

New Principal Place of Business:

Current Mailing Address:

8404 US HIGHWAY 441
LEESBURG, FL 34788

New Mailing Address:

FEI Number: 14-1847012 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DOMINICK, RAYMOND D
30643 ORANGE DRIVE
LEESBURG, FL 34748 US

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: MGRM () Delete
Name: DOMINICK, RAYMOND
Address: 30643 ORANGE DE
City-St-Zip: LEESBURG, FL 34748

Title: MGRM () Delete
Name: PROUD, CHRISTINA
Address: 30643 ORANGE DE
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: RAYMOND DOMINICK

MGRM

07/01/2006

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