

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90027 050 ****50.00

DOCUMENT # L02000022240 1. Entity Name VERO MEDICAL SUITES, LLC					
Principal Place of Business 1401 HIGHWAY A1A, SUITE 301 VERO BEACH, FL 32963			Mailing Address 1401 HIGHWAY A1A, SUITE 301 VERO BEACH, FL 32963		
2. Principal Place of Business 1155 35th Lane		3. Mailing Address 3001 Ocean Dr.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. Suite 202			
City & State Vero Beach, FL		City & State Vero Beach, FL		4. FEI Number 20-0002116	
Zip 32960		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CALDWELL, WILLIAM W ESQ. 756 BEACHLAND BLVD. BARKETT & GARAVAGLIA, CHARTERED VERO BEACH, FL 32963		7. Name and Address of New Registered Agent Name C. Derek Arden Street Address (P.O. Box Number is Not Acceptable) 3001 Ocean Drive, Suite 202 City Vero Beach FL Zip Code 329			
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 <u><i>C. Caldwell</i></u> DATE <u>2/25/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM P & S II, INC. 1401 HWY A1A, SUITE 301 VERO BEACH, FL 32963	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM P&S II, Inc. 3001 Ocean Drive Suite 202 Vero Beach, FL 32963	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>				<small>Daytime Phone #</small>	