

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 23, 2005 8:00 am
Secretary of State

06-23-2005 90052 001 ***250.00

DOCUMENT # L02000028872

1. Entity Name

BERRYHILL MEDICAL, P.L.



Principal Place of Business

5937 BERRYHILL ROAD
MILTON FL 32570

Mailing Address

5937 BERRYHILL ROAD
MILTON FL 32570

2. Principal Place of Business

3. Mailing Address

P.O. Box 969

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Milton, FL

Zip

Country

Zip
32572-0969

Country
Santa Rosa

4. FEI Number
06-1654361

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VERNALI, SAL
5937 BERRYHILL ROAD
MILTON FL 32570

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
VERNALI, SAL
5937 BERRYHILL ROAD
MILTON FL 32570 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Sal Vernali

(850) 676-0373