



**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L02000028872</b>			
1. Entity Name <b>BERRYHILL MEDICAL, P.L.</b>			
Principal Place of Business <b>5937 BERRYHILL ROAD MILTON, FL 32570</b>		Mailing Address <b>P.O. BOX 969 MILTON, FL 32572-0969</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01152008No Chg-LLC CR2E083 (12/07)	
		4. FEI Number <b>06-1654361</b>	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>VERNALI, SAL 5937 BERRYHILL ROAD MILTON, FL 32570</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGRM VERNALI, SAL 5937 BERRYHILL ROAD MILTON, FL 32570</b>		
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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: _____		<b>41,103 (850)626-0373</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	