

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L03000005356

1. Entity Name  
L.V. MEDICAL, P.L.



Principal Place of Business  
5937 BERRYHILL ROAD  
MILTON, FL 32570

Mailing Address  
P.O. BOX 969  
MILTON, FL 32572-0969

FILED

2007 MAR 12 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01162007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3767821

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

VERNALI, LISBETH  
5937 BERRYHILL ROAD  
MILTON, FL 32570

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
VERNALI, LISBETH  
5937 BERRYHILL ROAD  
MILTON, FL 32570

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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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:**

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

Date

Daytime Phone #

2/28/07 (850)626-0373