

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000001559**

1. Entity Name  
**VITAL RECORDS CONTROL OF FLORIDA, LLC**



Principal Place of Business  
**11901 AMEDICUS LANE  
FORT MYERS, FL 33916**

Mailing Address  
**11901 AMEDICUS LANE  
FORT MYERS, FL 33916**



01222007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**41-2067833**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional  
Fee Required**

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

**PALO, DANNY  
11901 AMEDICUS LANE  
FORT MYERS, FL 33916**

**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  
**MGRM  
WILLIAMS, JIMMIE D  
100 PEABODY PLACE STE. 1400  
MEMPHIS, TN 38103**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
PETTY, THOMAS R  
9060 BRIDGE FOREST DRIVE  
GERMANTOWN, TN 38138**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
PALO, DANNY  
2153 IDLEWOOD COVE  
GERMANTOWN, TN 38139**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

U000000633318  
02/21/07-80058-012 55.00

**DO NOT WRITE  
IN THIS SPACE**

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 #

**2/2/07 239 337 4030**