


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90427 032 ****55.00

DOCUMENT # L04000010267					
1. Entity Name VSC OF PALM BEACH, LLC					
Principal Place of Business 751 PARK OF COMMERCE DRIVE, SUITE 128 BOCA RATON, FL 33487			Mailing Address 751 PARK OF COMMERCE DRIVE, SUITE 128 BOCA RATON, FL 33487		
2. Principal Place of Business 8135 LAKE WORTH RD Suite, Apt. #, etc. SUITE B City & State LAKE WORTH FL Zip 33467		3. Mailing Address 8135 LAKE WORTH RD Suite, Apt. #, etc. SUITE B City & State LAKE WORTH FL Zip 33467		02042005 Chg-LLC CR2E083 (10/03)	
Country USA		4. FEI Number 37-1483962		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent COLMAN, NANCY B ESQ. C/O BARITZ & COLMAN LLP 150 EAST PALMETTO PARK ROAD, SUITE 750 BOCA RATON, FL 33432			7. Name and Address of New Registered Agent 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 _____ <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	MGR PECHTER, JEFFREY 751 PARK OF COMMERCE DRIVE, SUITE 128 BOCA RATON, FL 33487	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	8135 LAKE WORTH ROAD-STE B LAKE WORTH FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLOCK, STEPHEN 751 PARK OF COMMERCE DRIVE, SUITE 128 BOCA RATON, FL 33487	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	8135 LAKE WORTH ROAD-STE B LAKE WORTH FL 33467
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	
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>			3/29/05 561-357-0121 <small>Date Daytime Phone #</small>		