

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000010267**

1. Entity Name  
**VSC OF PALM BEACH, LLC**



Principal Place of Business

**8135 LAKE WORTH ROAD  
SUITE B  
LAKE WORTH, FL 33467 US**

Mailing Address

**8135 LAKE WORTH ROAD  
SUITE B  
LAKE WORTH, FL 33467 US**



01112006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**37-1483962**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$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**

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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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PECHTER, JEFFREY
STREET ADDRESS	8135 LAKE WORTH ROAD SUITE B
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	MGR
NAME	BLOCK, STEPHEN
STREET ADDRESS	8135 LAKE WORTH ROAD
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

**3/9/06 561-357-0121**  
Date Daytime Phone #