


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 13, 2005 8:00 am
Secretary of State

09-13-2005 90025 036 ****50.00

DOCUMENT # L04000061756	
1. Entity Name VIRTUAL OPERATING ROOM, LLC	

Principal Place of Business 3416 WEST MULLEN TAMPA, FL 33609	Mailing Address 3416 WEST MULLEN TAMPA, FL 33609
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2. Principal Place of Business 6006 49th St. N.	3. Mailing Address 6006 49th St. N.
Suite, Apt. #, etc. Suite 310	Suite, Apt. #, etc. Suite 310
City & State St. Petersburg FL	City & State St. Petersburg, FL
Zip 33762	Country Pinellas



07272005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1546349	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HINES, JAMES P 315 S. HYDE PARK AVE. TAMPA, FL 33606

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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
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MANAGER
DR. Robert LAZZARA
6006 49th St. N. Suite 310
St. Petersburg, FL 33709

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:  **8/29/05** **727-527-9779**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #