

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED  
Jan 07, 2011  
Secretary of State

**Entity Name:** NHAN NGHIA MEDICAL ENTERPRISE, L.L.C.

**Current Principal Place of Business:**

2901 PARKWAY BLVD, SUITE B-2  
KISSIMMEE, FL 34747

**New Principal Place of Business:**

**Current Mailing Address:**

2901 PARKWAY BLVD, SUITE B-2  
KISSIMMEE, FL 34747

**New Mailing Address:**

2901 PARKWAY BLVD, SUITE B-2  
2901 PARKWAY BLVD, SUITE B-2  
KISSIMMEE, FL 34747

**FEI Number:** 20-3231562

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PANICO, JAMES P  
111 S. MAITLAND AVE STE. 100  
MAITLAND, FL 32751 US

**Name and Address of New Registered Agent:**

PANICO, JAMES P  
111 S. MAITLAND AVE STE. 100  
2901 PARKWAY BLVD, SUITE B-2  
MAITLAND, FL 32751 US

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.

SIGNATURE: JAMES PANICO

01/07/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PHAM, NATHAN DR  
Address: 260 S. OSCEOLA DRIVE, UNIT 1504  
City-St-Zip: ORLANDO, FL 32801

Title: MGRM  
Name: DO, NEAL DR  
Address: 8979 EASTERLING DRIVE  
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: NEAL DO

MNGR

01/07/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date