# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 30, 2011**
**Secretary of State**

DOCUMENT# L05000042254

**Entity Name:** CCVM, LLC

**Current Principal Place of Business:**

1101 SW 122 AVE
PLANTATION, FL 33323

**New Principal Place of Business:**

**Current Mailing Address:**

1101 SW 122 AVE
PLANTATION, FL 33323

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

LAVENDER, JOEL R ESQ
507 SOUTHEAST 11TH COURT
FORT LAUDERDALE, FL 33316 US

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

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: _____

Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM
Name: NARA, SREENIVAS MD
Address: 1101 SW 122 AVE
City-St-Zip: PLANTATION, FL 33323

Title: MGRM
Name: CAUDILL, JEFFREY MD
Address: 1532 TRALEE COURT NORTH
City-St-Zip: JACKSONVILLE, FL 32221

Title: MGRM
Name: NARA, VENKATESH MD
Address: 6721 NORTH COCOPAS ROAD
City-St-Zip: TUSCON, AZ 85718

Title: MGRM
Name: NAGARAJ, BINA MD
Address: 1101 NW 122 AVE
City-St-Zip: PLANTATION, FL 33323

Title: MGRM
Name: NARA, REBECCA P MD
Address: 6721 NORTH COCOPAS ROAD
City-St-Zip: TUSCON, AZ 85718

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 Statues.

SIGNATURE: SREENIVAS NARA P 04/30/2011

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