

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000057744

Entity Name: MZI HEALTHCARE, LLC

**FILED**  
**Apr 21, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

407 WEKIVA SPRINGS RD, STE 241  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

**Current Mailing Address:**

407 WEKIVA SPRINGS RD, STE 241  
LONGWOOD, FL 32779 US

**New Mailing Address:**

FEI Number: 20-2981537

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MURTHY, NALLURU C  
390 VISTA OAK DRIVE  
LONGWOOD, FL 32779 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: MURTHY, NALLURU C  
Address: 2180 WEST STATE ROAD 434 #2104  
City-St-Zip: LONGWOOD, FL 32779 US

Title: MGRM  
Name: BEDEROW, DAVID  
Address: 616 RIVERPARK CIRCLE  
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM  
Name: DOTSON, WILLIAM R  
Address: 1661 GLADIOLAS DR  
City-St-Zip: WINTER PARK, FL 32792

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: N C MURTHY

MGRM

04/21/2010

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