


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**


**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000104781**  
1. Entry Name  
**VINTAGE MEDICINE, LLC**



Principal Place of Business      Mailing Address  
**906 AVENIDA CENTRAL  
SUITE B  
THE VILLAGES, FL 32159**      **PO BOX 67  
LADY LAKE, FL 32158**

**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>20-3683166</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HARRISON, PATTI M  
906 AVENIDA CENTRAL  
SUITE B  
THE VILLAGES, FL 32159**

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR HARRISON, PATTI M 906 AVENIDA CENTRAL, SUITE B THE VILLAGES, FL 32159</b>
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01/23/07-80024-006 50.00

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:**       **1-9-2007**      **352-751-6895**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #