2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State
01-19-2007 90062 019 ****50.00

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1. Entity Name
VIERA INTERNAL MEDICINE, PLC

Principal Place of Business
8075 SPYGLASS HILL ROAD #101
MELBOURNE, FL 32940

Mailing Address
8075 SPYGLASS HILL ROAD #101
MELBOURNE, FL 32940

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip | Country

Zip | Country

01032007 Chg-LLC CR2E083 (12/06)

4. FEI Number 56-2592679 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BURROWS, TOM G
150 FORTENBERRY ROAD, SUITE B
MERRITT ISLAND, FL 32952

7. Name and Address of New Registered Agent

Name LUCIAN L. FLORESCU

Street Address (P.O. Box Number Is Not Acceptable)

8075 SPYGLASS HILL Rd # 101

City MELBOURNE FL Zip Code 32952

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 LUCIAN L. FLORESCU 1/4/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM ☐ Delete
NAME	FLORESCU, LUCIAN L
STREET ADDRESS	8075 SPYGLASS HILL ROAD #101
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: LUCIAN L. FLORESCU 1/4/07 321-754-120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #