2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

01-19-2007 90062 019 ****50.00

DOCUMENT # L06000060927

1. Entity Name
VIERA INTERNAL MEDICINE, PLC

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

01032007 Chg-LLC CR2E083 (12/06)

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

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	7. Name and Address of New Registered Agent
BURROWS, TOM G 150 FORTENBERRY ROAD, SUITE B MERRITT ISLAND, FL 32952	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 [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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLORESCU, LUCIAN L 8075 SPYGLASS HILL ROAD #101 MELBOURNE, FL 32940	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 [signature] 1/4/07 321-754-120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #