

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000064127

Entity Name: NU VUE MEDICAL LLC

FILED
May 06, 2007
Secretary of State

Current Principal Place of Business:

499 E CENTRAL PKWY
SUITE 205
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

499 E CENTRAL PKWY
SUITE 205
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

FEI Number: 20-0454278 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FOX, JENNIFER J
499 E CENTRAL PKWY
SUITE 205
ALTAMONTE SPRINGS, FL 32701 US

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 () Delete
Name: FOX, MICHAEL W
Address: 499 E CENTRAL PKWY SUITE 205
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: MGRM () Delete
Name: FOX, JENNIFER J
Address: 499 E CENTRAL PKWY SUITE 205
City-St-Zip: ALTAMONE SPRINGS, FL 32701 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JENNIFER J FOX

MGR

05/06/2007

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