

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90110 010 \*\*\*\*50.00

<b>DOCUMENT # L06000118449</b> 1. Entity Name CENTRAL FLORIDA PREVENTIVE MEDICINE, LLC																											
Principal Place of Business 429 RISEMAN CT. LAKE MARY, FL 32746 US		Mailing Address 429 RISEMAN CT. LAKE MARY, FL 32746 US																									
2. Principal Place of Business - No P.O. Box # 3300 W. Lake Mary Blvd Suite, Apt. #, etc. Suite 330 City & State Lake Mary FL Zip 32746 Country USA		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																									
4. FEI Number 20-8026452		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		02032007 Chg-LLC CR2E083 (12/06)																									
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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: <u>Kathy Veon</u> DATE: <u>2-6-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>VEON, KATHY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>429 RISEMAN CT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE MARY, FL 32746</td> <td></td> </tr> </table>		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	VEON, KATHY		STREET ADDRESS	429 RISEMAN CT		CITY-ST-ZIP	LAKE MARY, FL 32746		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <u>Kathy Veon</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date: <u>2-6-07</u> Daytime Phone #: <u>407-328-6711</u>																									