

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000118449

FILED
Mar 15, 2011
Secretary of State

Entity Name: CENTRAL FLORIDA PREVENTIVE MEDICINE, LLC

Current Principal Place of Business:

3300 W. LAKE MARY
STE 330
LAKE MARY, FL 32746 US

New Principal Place of Business:

Current Mailing Address:

3300 W. LAKE MARY
STE 330
LAKE MARY, FL 32746 US

New Mailing Address:

FEI Number: 20-8026452 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KATHY, VEON OWNER
3300 W. LAKE MARY BLVD.,
SUITE 330
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

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
Name: VEON, KATHY
Address: 429 RISEMAN CT
City-St-Zip: LAKE MARY, FL 32746 US

I hereby 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: KATHY VEON

MGRM

03/15/2011

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