

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000120289

Entity Name: VALUHEALTHMD L.L.C.

FILED
Feb 16, 2009
Secretary of State

Current Principal Place of Business:

8204 TIVOLI DRIVE
ORLANDO, FL 32836

New Principal Place of Business:

Current Mailing Address:

8204 TIVOLI DRIVE
ORLANDO, FL 32836

New Mailing Address:

FEI Number: 20-8138122

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBBINS, WILLIAM JAY J
8204 TIVOLI DRIVE
ORLANDO, FL 32836 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 () Delete
Name: ROBBINS, WILLIAM JAY J
Address: 8204 TIVOLI DRIVE
City-St-Zip: ORLANDO, FL 32836

Title: MGRM () Delete
Name: ROBBINS, REBECCA C
Address: 8204 TIVOLI DRIVE
City-St-Zip: ORLANDO, FL 32836

Title: MGRM () Delete
Name: ROBBINS, ERIKA C
Address: 1720 SOUTH ORANGE AVENUE, STE. 300
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES:

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

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: WILLIAM JAY ROBBINS

MGRM

02/16/2009

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