

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000120289

Entity Name: VALUHEALTHMD L.L.C.

**FILED**  
**Jan 05, 2010**  
**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 (X)

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

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

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

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: WILLIAM J ROBBINS

MGRM

01/05/2010

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