

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000016970

Entity Name: LEGAL MEDICAL VIDEO, LLC

FILED  
Apr 22, 2008  
Secretary of State

**Current Principal Place of Business:**

8833 PERIMETER PARK BLVD., SUITE 603  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

8833 PERIMETER PARK BLVD., SUITE 603  
JACKSONVILLE, FL 32216

**New Mailing Address:**

FEI Number: 36-4603025

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOFTVS, KEVIN  
8833 PERIMETER PARK BLVD., SUITE 603  
JACKSONVILLE, FL 32216 US

**Name and Address of New Registered Agent:**

LOFTUS, KEVIN  
8833 PERIMETER PARK BLVD., SUITE 603  
JACKSONVILLE, FL 32216 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: KEVIN LOFTUS

04/22/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LOFTVS, KEVIN  
Address: 8833 PERIMETER PARK BLVD., SUITE 603  
City-St-Zip: JACKSONVILLE, FL 32216

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LOFTUS, KEVIN  
Address: 8833 PERIMETER PARK BLVD., SUITE 603  
City-St-Zip: JACKSONVILLE, FL 32216

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: KEVIN LOFTUS

MGRM

04/22/2008

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