

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000080475

Entity Name: 30 MIN. MEDICAL, LLC

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

10010 BELLE RIVE BLVD  
#1211  
JACKSONVILLE, FL 32256 US

**Current Mailing Address:**

10010 BELLE RIVE BLVD  
#1211  
JACKSONVILLE, FL 32256 US

**New Principal Place of Business:**

8540 ARGYLE FOREST BLVD  
SUITE #6  
JACKSONVILLE, FL 32244 US

**New Mailing Address:**

8540 ARGYLE FOREST BLVD  
SUITE #6  
JACKSONVILLE, FL 32244 US

FEI Number: 26-0669832

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DIROCCO & COMPANY, CPA, PA  
6601 NW 14TH STREET  
SUITE 3  
PLANTATION, FL 33313 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: VULTAGGIO, AGOSTINO  
Address: 17782 FOXBOROUGH LANE  
City-St-Zip: BOCA RATON, FL 33496 US

Title: MGRM  
Name: VULTAGGIO, ELVIRA  
Address: 17782 FOXBOROUGH LANE  
City-St-Zip: BOCA RATON, FL 33496

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: AGOSTINO VULTAGGIO

CEO

01/06/2010

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