2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000117059



FILED Apr 02, 2008 8:00 am Secretary of State

1. Entity Name PURVIS MEDICAL ENTERPRISES LLC						04-02-2008 90153 036 ***138.75				
Principal Place	e of Business	Maifing Address								
6116 OX BO	FTOM MANOR DRIVE	6116 OX BOTTOM MAN	6116 OX BOTTOM MANOR DRIVE							
TALLAHASSE	E, FL 32312	TALLAHASSEE, FL 32312			;					
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2. Principal P	ace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				03312008	Chg-LLC	CR2E08	3 (12/06)	
City & State		City & State				4. FEI Number	2796	R		piled For t Applicable
Zip	Country	Zip	Count	iry			of Status Desired	\$	5.00 Add ee Required	
	6. Name and Address of Curre	nt Registered Agent				7. Name and	Address of New	Registered A	gent	
6116 OX B	OHN R MD OTTOM MANOR DRIVE SSEE, FL 32312		Street Ad			dress (P.O. Box Number is Not Acceptable)				
	•									
				City				FL	Zip Code	,
R The shows	named entity a thmite thic statement	for the number of changing its	ranistara	nd office or re	onietor	ad agent or both	in the State of		miliar with	and accept
8. 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. It am familiar with, and accept the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating) DATE										
After May 1, 2008 Fee will be \$538.75										
9.		IBERS/MANAGERS	10.		10. (0.44	ADDITION	IS/CHANGES		-7
TITLE Name	MGR PURVIS, JOHN R MD	Delete	TITLE	. 1	Ω.	PRM J	ulie 1	<i>t</i> .	Change	Addition
STREET ADDRESS	6116 OX BOTTOM MANOR D	RIVE		ET ADDRESS /	1011	60× 6	ottom	Manor	-DR	
CITY-ST-ZIP	TALLAHASSEE, FL 32312		ату.	-ST-ZIP	Tal	llahass	ee FL	323	עזו	
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NAME			NAME							
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CITY+ST-ZIP			-}							- Assess
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NAME STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP	•					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the										
indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under dain; that i am a managing member of manager of the limited liability company or the receiver or gustee empowered to execute this report as required by Chapter 608, Florida Statutes.										