

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000118782

Entity Name: VANTAGE HEALTH, LLC

**FILED**  
**Apr 15, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1435 SE 73RD PLACE  
OCALA, FL 34480

**New Principal Place of Business:**

6035 SW 54TH STREET  
SUITE 200  
OCALA, FL 34474

**Current Mailing Address:**

P.O. BOX 773418  
OCALA, FL 34477

**New Mailing Address:**

6035 SW 54TH STREET  
SUITE 200  
OCALA, FL 34474

FEI Number: 27-1481620

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILLIAMS SCHINFINO MANGIONE & STEADY PA  
% R. MARSHALL RAINEY, ESQ. ONE TAMPA CIT  
CENTER #3200, 201 N. FRANKLIN STREET  
TAMPA, FL 33602 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: PRES  
Name: LOCKE, D. RUSSELL OWNER  
Address: 1435 SE 73RD PLACE  
City-St-Zip: Ocala, FL 34477 US

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: D RUSSELL LOCKE, M.D.

PRES

04/15/2010

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