

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000118782

Entity Name: VANTAGE HEALTH, LLC

**FILED**  
**Feb 02, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4600 S.W. 46TH CT. BLDG 200, STE 160  
OCALA, FL 34474

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 773730  
OCALA, FL 34477

**New Mailing Address:**

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:**

LOCKE, DONALD R M.D.  
4600 SW 46TH COURT  
BLDG 200, STE 160  
OCALA, FL 34474 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: D. RUSSELL LOCKE, M.D.

02/02/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: LOCKE, D. RUSSELL OWNER  
Address: P.O. BOX 773730  
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

PRES

02/02/2011

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