

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000005330

Entity Name: LEGACY V MEDICAL LLC

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3113 WILLIE MAYS PKWY #1200  
ORLANDO, FL 32811 US

**New Principal Place of Business:**

**Current Mailing Address:**

3113 WILLIE MAYS PKWY #1200  
ORLANDO, FL 32811 US

**New Mailing Address:**

FEI Number: 27-2146954

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

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

MARIE, MARCOVITCH  
3402 COCARD CT.  
WINDERMERE, FL 34786 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: MARIE MARCOVITCH

04/29/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MARCOVITCH, MARIE  
Address: 3402 COCARD CT.  
City-St-Zip: WINDERMERE, FL 34786 US

Title: MGRM  
Name: MARCOVITCH, CARLOS  
Address: 3402 COCARD CT.  
City-St-Zip: WINDERMERE, FL 34786 US

Title: MGRM  
Name: QUINTERO, ROLANDO  
Address: 11509 DELWICK DR.  
City-St-Zip: WINDERMERE, FL 34786 US

Title: MGRM  
Name: QUINTERO, LAURA  
Address: 11509 DELWICK DR.  
City-St-Zip: WINDERMERE, FL 34786 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: MARIE MARCOVITCH

MGR

04/29/2011

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