

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000016708

Entity Name: CHURCHILL MEDICAL, LLC

**FILED**  
**Mar 09, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

629 EAST ROBINSON STREET  
ORLANDO, FL 32803 US

**New Principal Place of Business:**

1415 EAST PINE STREET  
ORLANDO, FL 32801 US

**Current Mailing Address:**

629 EAST ROBINSON STREET  
ORLANDO, FL 32803 US

**New Mailing Address:**

1415 EAST PINE STREET  
ORLANDO, FL 32801 US

FEI Number: 27-3328904

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALVAREZ, SAMBOL, WINTHROP & MADSON, P.A.  
100 SOUTH ORANGE AVENUE  
SUITE 200  
ORLANDO, FL 32801 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: MGR  
Name: MURRAY, MICHAEL S  
Address: 1415 EAST PINE STREET  
City-St-Zip: ORLANDO, FL 32801 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: MICHAEL S. MURRAY

MGRM

03/09/2011

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