

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000023218

Entity Name: MEDICAL SERVPRO LLC.

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3478 CAPPIO DR.  
MELBOURNE, FL 32940

**New Principal Place of Business:**

**Current Mailing Address:**

3478 CAPPIO DR.  
MELBOURNE, FL 32940

**New Mailing Address:**

PO BOX 411745  
MELBOURNE, FL 32941

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

KAMIL, MARK  
3478 CAPPIO DR.  
MELBOURNE, FL 32940 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: MGRM  
Name: KAMIL, MARK  
Address: 3478 CAPPIO DR.  
City-St-Zip: MELBOURNE, FL 32940

Title: MGR  
Name: KAMIL, SONIA  
Address: 3478 CAPPIO DR.  
City-St-Zip: MELBOURNE, FL 32940

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: MARK KAMIL

MGRM

01/05/2011

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