

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000040234

**FILED**  
**Jan 17, 2011**  
**Secretary of State**

**Entity Name:** VAKIL THERAPEUTIC SERVICES, LLC.

**Current Principal Place of Business:**

56 SOLANA RD  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

12795 SAN JOSE BOULEVARD  
SUITE 9  
JACKSONVILLE, FL 32223

**Current Mailing Address:**

56 SOLANA RD  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

**FEI Number:** 27-2196171

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VAKIL, PARTHESH M  
56 SOLANA RD  
PONTE VEDRA BEACH, FL 32082 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: VAKIL, PURVI P  
Address: 56 SOLANA RD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: PPV

MGR

01/17/2011

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