

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000001738

Entity Name: VITAMEDMD, LLC

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

951 BROKEN SOUND PKWY NW  
STE 320  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

951 BROKEN SOUND PKWY NW  
STE 320  
BOCA RATON, FL 33487

**New Mailing Address:**

FEI Number: 26-2704476

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

FINIZIO, ROBERT  
6501 CONGRESS AVE THIRD FLOOR  
BOCA RATON, FL 33487 US

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

FINIZIO, ROBERT  
951 BROKEN SOUND PARKWAY NW  
320  
BOCA RATON, FL 33487 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: ROBERT FINIZIO

03/15/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FINIZIO, ROBERT  
Address: 951 BROKEN SOUND PKWY STE 320  
City-St-Zip: BOCA RATON, FL 33487

Title: MGR  
Name: BERNICK, BRIAN  
Address: 951 BROKEN SOUND PKWY STE 320  
City-St-Zip: BOCA RATON, FL 33487

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: ROBERT FINIZIO

MGR

03/15/2011

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