

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000038700

**Entity Name:** MVA INJURY MEDICAL HOME CARE LLC

**Current Principal Place of Business:**

907 N PINE HILLS RD  
ORLANDO, FL 32808

**Current Mailing Address:**

907 N PINE HILLS RD  
ORLANDO, FL 32808

**FEI Number:** 46-2349956

**Certificate of Status Desired:** Yes

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

ACOSTA, EMMANUEL G  
907 N PINE HILLS RD  
ORLANDO, FL 32808 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGRM
Name	ACOSTA, EMMANUEL G M.D.	Name	ACOSTA, ERWIN
Address	907 N PINE HILLS	Address	907 N PINE HILLS RD
City-State-Zip:	ORLANDO FL 32808	City-State-Zip:	ORLANDO FL 32808

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** EMMANUEL G ACOSTA

**GENERAL MANAGER**

**03/19/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date