

**2015 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:** No

**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  
Name ACOSTA, EMMANUEL G M.D.  
Address 907 N PINE HILLS  
City-State-Zip: ORLANDO FL 32808

Title MGRM  
Name ACOSTA, ERWIN  
Address 907 N PINE HILLS RD  
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

MANAGER

03/19/2015

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date