2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000028558

1. Entity Name
MEMORIAL MEDICAL, L.L.C.

Principal Place of Business
1510 S CLARK AVE
TAMPA FL 33629

Mailing Address
1510 S CLARK AVE
TAMPA FL 33629

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip | Country

Zip | Country

1st MOORE CR2E083 (10/07)

4. FEI Number 75-3126668 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MOSES, MICHAEL
1510 S CLARK AVE
TAMPA FL 33629

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City | FL | Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when resigning) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	☐ Delete
NAME	MOSES, MICHAEL	
STREET ADDRESS	1510 S CLARK AVE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	MGRM	☐ Delete
NAME	SWIRBUL, RICHARD W	
STREET ADDRESS	1510 S CLARK AVE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	MGRM	☐ Delete
NAME	BOBIER, GERALD W	
STREET ADDRESS	1510 S CLARK AVE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	MGRM	☐ Delete
NAME	HEENAN, JAMES E	
STREET ADDRESS	1510 S CLARK AVE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME	U00000835600	
STREET ADDRESS	02/29/08-80042-004 138.75	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: GERALD W. BOBIER 2-19-08 813-289769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #