

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096564

Entity Name: MID-FLORIDA LBB, LLC

FILED  
Jan 20, 2009  
Secretary of State

## Current Principal Place of Business:

1061 MEWDICAL CENTER DRIBE STE 110  
ORANGE CITY, FL 32763

## New Principal Place of Business:

1061 MEDICAL CENTER DRIVE  
STE. 110  
ORANGE CITY, FL 32763

## Current Mailing Address:

1061 MEWDICAL CENTER DRIBE STE 110  
ORANGE CITY, FL 32763

## New Mailing Address:

1061 MEDICAL CENTER DRIVE  
STE 110  
ORANGE CITY, FL 32763

FEI Number: 20-3539023

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHARMA, NERRAJ M.D.  
1061 MEDICAL CTR DR STE 110  
ORANGE CITY, FL 32763 US

## Name and Address of New Registered Agent:

SHARMA, NEERAJ M.D.  
1061 MEDICAL CTR DR STE 110  
ORANGE CITY, FL 32763 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: NEERAJ SHARMA

01/20/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ORTEGA, GREGORY L  
Address: 803 WESTOVE PLACE  
City-St-Zip: SANFORD, FL 32771

Title: MGRM ( ) Delete  
Name: CABEZA, RENE  
Address: 719 TREELINE PLACE  
City-St-Zip: SANFORD, FL 32771

Title: MGRM ( ) Delete  
Name: SHARMA, NEERAJ  
Address: 1848 REDWOOD GROVE TERRACE  
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM ( ) Delete  
Name: SELASSIE, PETER  
Address: 383 VISTA OAKS DR  
City-St-Zip: LONGWOOD, FL 32779

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: NEERAJ SHARMA

MGRM

01/20/2009

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