

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000089490

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA REALTY MEDICS LLC

**Current Principal Place of Business:**

2517 CORBYTON CT  
ORLANDO, FL 32828

**New Principal Place of Business:**

**Current Mailing Address:**

2517 CORBYTON CT  
ORLANDO, FL 32828

**New Mailing Address:**

**FEI Number:** 26-3389523

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THOMAS WECLEW PA  
4844 ATWOOD DRIVE  
ORLANDO, FL 32828 US

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

WECLEW, VICTOR T III  
2517 CORBYTON CT.  
ORLANDO, FL 32828 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: VICTOR THOMAS WECLEW

02/16/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WECLEW, THOMAS  
Address: 2517 CORBYTON CT.  
City-St-Zip: ORLANDO, FL 32828

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: HEIDI NOEL WECLEW

VP

02/16/2011

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