

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000090045

Entity Name: OVIEDO MEDICAL, LLC

FILED
Feb 20, 2009
Secretary of State

Current Principal Place of Business:

773 S. LK JESSUP AVE
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

773 S. LK JESSUP AVE
OVIEDO, FL 32765

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NASSER, BASSAM
773 S. LK JESSUP AVE
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NASSER, BASSAM I
Address: 773 S. LK JESSUP AVE
City-St-Zip: OVIEDO, FL 32765

Title: MGR () Delete
Name: NASSER, SAMMY K
Address: 773 S. LK JESSUP AVE
City-St-Zip: OVIEDO, FL 32765

Title: MGR () Delete
Name: NASSER, TONY J
Address: 773 S. LK JESSUP AVE
City-St-Zip: OVIEDO, FL 32765

Title: MGR () Delete
Name: NASSER, NANCY L
Address: 773 S. LK JESSUP AVE
City-St-Zip: OVIEDO, FL 32765

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: BASSAM NASSER

MGR

02/20/2009

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