

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000079057

**Entity Name:** 7545-7547 MEDICAL DRIVE, L.L.C.

**Current Principal Place of Business:**

7545 MEDICAL DRIVE  
HUDSON, FL 34667

**Current Mailing Address:**

7545 MEDICAL DRIVE  
HUDSON, FL 34667

**FEI Number:** 59-3826451

**Certificate of Status Desired:** No

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

DICKENS, MARK  
7320 E. FLETCHER AVENUE  
TAMPA, FL 33637 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 PTR  
Name PASCUAL, JOSE F  
Address 10345 ALICO PASS  
City-State-Zip: NEW PORT RICHEY FL 34655

Title PTR  
Name SORRESSO, DOMENICK J  
Address 4255 RIVER BIRCH DRIVE  
City-State-Zip: WEEKI WACHEE FL 34607

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOSE PASCUAL

**PARTNER**

**03/26/2013**

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

\_\_\_\_\_  
Date