

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000045672

**Entity Name:** MEDPEDS PROPERTIES, LLC

**Current Principal Place of Business:**

10111 WILSKY BLVD.  
TAMPA, FL 33625

**Current Mailing Address:**

P.O. BOX 260127  
TAMPA, FL 33685

**FEI Number: 26-2564179**

**Certificate of Status Desired: Yes**

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

CORPDIRECT AGENTS, INC  
1200 SOUTH PINE ISLAND ROAD  
MIAMI, FL 33324 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 MGRM  
Name DEMERY, FRANK  
Address P.O. BOX 260127  
City-State-Zip: TAMPA FL 33685

Title MGRM  
Name BILELLA, MARK  
Address P.O. BOX 260127  
City-State-Zip: TAMPA FL 33685

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

**SIGNATURE: MARK BILELLA**

**MANAGER**

**04/26/2015**

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

\_\_\_\_\_  
Date