


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L00000014938</b> 1. Entity Name <b>MEDICAL PARK ENTERPRISES, LLC</b>	
--	---

Principal Place of Business <b>132 WHITAKER RD., STE. A LUTZ, FL 33549</b>	Mailing Address <b>PMB#261 334 EAST LAKE RD PALM HARBOR, FL 34685 US</b>
---	---

**DO NOT WRITE IN THIS SPACE**



04162007No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>59-3689477</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
**COHN, VANESSA N ESQ.  
1110 N. FLORIDA AVENUE  
TAMPA, FL 33602**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

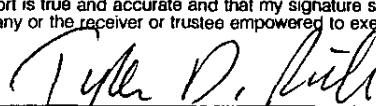
**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REIBER, TYLER D 132 WHITAKER RD STE #A LUTZ, FL 33688
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEBBER, GREG VAN 132 WHITAKER RD., STE A LUTZ, FL 33688
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000724661  
05/02/07-80120-007 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**  **4/16/07 (813) 404-5483**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #