# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 29, 2009**
**Secretary of State**

DOCUMENT# L00000014938

**Entity Name:** MEDICAL PARK ENTERPRISES, LLC

**Current Principal Place of Business:**

132 WHITAKER RD., STE. A
LUTZ, FL 33549

**New Principal Place of Business:**

**Current Mailing Address:**

PMB#261
334 EAST LAKE RD
PALM HARBOR, FL 34685 US

**New Mailing Address:**

**FEI Number: 59-3689477** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

COHN, VANESSA N ESQ.
1110 N. FLORIDA AVENUE
TAMPA, FL 33602 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: REIBER, TYLER D
Address: 132 WHITAKER RD STE #A
City-St-Zip: LUTZ, FL 33688

Title: MGRM ( ) Delete
Name: BEBBER, GREG VAN
Address: 132 WHITAKER RD., STE A
City-St-Zip: LUTZ, FL 33688

**ADDITIONS/CHANGES:**

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: TYLER REIBER MGRM 04/29/2009

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