

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000020402

**FILED**  
**Mar 28, 2011**  
**Secretary of State**

**Entity Name:** MEDICAL COLLECTION GROUP, LLC

**Current Principal Place of Business:**

17821 OSPREY POINTE PLACE  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 49094  
TAMPA, FL 33647

**New Mailing Address:**

P.O. BOX 49094  
TAMPA, FL 33646

**FEI Number:** 37-1429661

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HARRISON, SHAWN E  
1010 N. FLORIDA AVE.  
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: MGR  
Name: HARRISON, SUSAN  
Address: 17821 OSPREY POINTE PLACE  
City-St-Zip: TAMPA, FL 33647

I hereby 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: SUSAN G HARRISON

MGR

03/28/2011

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