2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000001292

1. Entity Name
MEDERO MEDICAL OF MARION, LLC

Principal Place of Business	Mailing Address
1109 SW 10TH STREET OCALA, FL 34474	1109 SW 10TH STREET OCALA, FL 34474

DO NOT WRITE IN THIS SPACE

03252004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
61-1427880	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MEDERO, MARIO M.D.
1109 SW 10TH STREET
OCALA, FL 34474

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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, 2004

000000128772
04/26/04-80043-016 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	MEDERO, MARIO
STREET ADDRESS	1109 SW 10TH STREET
CITY-ST-ZIP	OCALA, FL 34474
TITLE	MGRM
NAME	DOMINIE, COOKIE
STREET ADDRESS	1109 SW 10TH STREET
CITY-ST-ZIP	OCALA, FL 34474
TITLE	MGRM
NAME	DEMMI, EDWARD
STREET ADDRESS	1109 SW 10TH STREET
CITY-ST-ZIP	OCALA, FL 34474
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _Peter Williams_   4/20/04   352 6293455

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