

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 19, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000001292

1. Entity Name
MEDERO MEDICAL OF MARION, LLC



Principal Place of Business

1109 SW 10TH STREET
OCALA, FL 34474

Mailing Address

1109 SW 10TH STREET
OCALA, FL 34474



06062006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1427880

Applied For
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

**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 September 8, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MEDERO, MARIO
1109 SW 10TH STREET
OCALA, FL 34474

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
DOMINIE, COOKIE
1109 SW 10TH STREET
OCALA, FL 34474

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
DEMME, EDWARD
1109 SW 10TH STREET
OCALA, FL 34474

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000567369
06/19/06-80007-013 50.00

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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:

Cookie Dominie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

6/26/2006

Date

352-804-0126

Daytime Phone #