

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **L 02 00000 1292**

1. Entity Name -

**MEDERO MEDICAL OF MARION, LLC**



**FILED**

**2003 NOV 20 AM 10: 58**

**DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1109 S.W. 10th STREET**

Suite, Apt. #, etc.

3. Mailing Address

**1109 S.W. 10th STREET**

Suite, Apt. #, etc.

City & State

**OCALA, FL**

City & State

**OCALA, FL**

Zip

**34474**

Country

**USA**

Zip

**34474**

Country

**USA**

4. FEI Number

**61-1427880**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**MARIO MEDERO, MD.**

Street Address (P.O. Box Number is Not Acceptable)

**1109 S.W. 10th STREET**

City

**OCALA**

FL

Zip Code

**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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE **MANAGING MEMBER**  
NAME **MARIO MEDERO, MD.**  
STREET ADDRESS **1109 S.W. 10th STREET**  
CITY - ST - ZIP **OCALA, FL 34474**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE **MANAGING MEMBER**  
NAME **COOKIE DOMINIE**  
STREET ADDRESS **1109 S.W. 10th STREET**  
CITY - ST - ZIP **OCALA, FL 34474**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE **MANAGING MEMBER**  
NAME **EDWARD DOMINIE, MD.**  
STREET ADDRESS **1109 S.W. 10th STREET**  
CITY - ST - ZIP **OCALA, FL 34474**

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**REINSTATEMENT 2003**

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:

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

Date

Daytime Phone #

**Peter Williams 7/8/03 352 6293455**

CR2E083B (12/02)

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2003 NOV 20 AM 10:58

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Division of Corporations  
Registration Section  
P. O. Box 6327  
Tallahassee, FL 32314

October 16, 2003

To whom it may concern,

Re: Uniform Business reports

I refer to your notices of dissolution or revocation for the following -

Doc # L02000001292	Medero Medical of Marion, LLC
Doc # L02000001293	Medero Medical of Lake, LLC
Doc # L02000012068	Medero Medical of Orange, LLC
Doc # L02000017470	Medero Medical of Orange South, LLC

The Uniform Business Report for each of the above companies was filed on July 8, 2003 with payment of \$50.00 for each entity. Please see attached completed copies of the Uniform Business report for each Company, which now includes section 9 information, the Managing Members/Managers.

Unfortunately, your request for this information was not received by my office, and I apologize for the oversight of not completing section 9 at the time of the initial filing.

Please contact me if you require any additional information.

Sincerely,

Peter Williams  
General Manager