

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000001293

1. Entity Name
MEDERO MEDICAL OF LAKE, LLC



Principal Place of Business
312 SOUTH LAKE STREET
LEESBURG, FL 34748

Mailing Address
1109 S.W. 10TH STREET
OCALA, FL 34474



03252004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1427881

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 May 1, 2004**

U00000128770
04/26/04-80049-015 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MEDERO, MARIO
1109 S.W. 10TH STREET
OCALA, FL 34474

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
DOMINIE, COOKIE
1109 S.W. 10TH STREET
OCALA, FL 34474

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
DEMME, EDWARD
1109 S.W. 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

**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: _____

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

Date

Daytime Phone #

Peter Williams *PETER WILLIAMS* 4/20/04 352 629345