2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# L02000001293

Entity Name: MEDERO MEDICAL OF LAKE, LLC

Current Principal Place of Business:

312 SOUTH LAKE STREET
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

1109 S.W. 10TH STREET
OCALA, FL 34471

New Mailing Address:

FEI Number: 61-1427881 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOMINIE, COOKIE
1109 SW 10TH STREET
OCALA, FL 34471 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: P ( ) Delete
Name: MEDERO, MARIO MD
Address: 1109 S.W. 10TH STREET
City-St-Zip: OCALA, FL 34471

Title: VP (X) Delete
Name: DOMINIE, COOKIE
Address: 1109 S.W. 10TH STREET
City-St-Zip: OCALA, FL 34471

Title: DIR (X) Delete
Name: DEMMI, EDWARD
Address: 1109 S.W. 10TH STREET
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MEDERO MEDICAL HOLDINGS, INC.
Address: 1109 SW 10TH STREET
City-St-Zip: OCALA, FL 34471

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: COOKIE DOMINIE P 04/16/2009

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