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

FILED

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L020000001293	
1. Entity Name MEDERO MEDICAL OF LAKE, LLC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 312 SOUTH LAKE ST		3. Mailing Address 1109 S.W. 10th STREET.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LEESBURG, FL		City & State OCALA, FL	
Zip 34748.	Country USA.	Zip 34474	Country USA.

4. FEI Number 503196900679 07/11/03 90026 009 \$50.00		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		

DO NOT WRITE IN THIS SPACE

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

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 MD	NAME MARIO MEDERO, MD.
STREET ADDRESS 1109 S.W. 10th STR	
CITY-ST-ZIP OCALA, FL 34474	
TITLE MD	NAME COOKIE DOMINIE
STREET ADDRESS 1109 S.W. 10th STR.	
CITY-ST-ZIP OCALA, FL 34474	
TITLE MD	NAME EDWARD DOMINIE, MD.
STREET ADDRESS 1109 S.W. 10th STR.	
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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE: Michael S. Peter Williams	Date 7/8/03 352 629 3455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	

CR2E083B (12/02)

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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 # L020000012068	Medero Medical of Orange, LLC
Doc # L020000017470	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