

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010051

FILED
Feb 02, 2009
Secretary of State

Entity Name: LAKE MARY MEDICAL PARK, LLC

Current Principal Place of Business:

758 N. SUN DR., STE. 100
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

758 N. SUN DR., STE. 100
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 01-0677464

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FATEMI, ZIA M.D.
758 N. SUN DR.,
SYE 104
LAKE MARY, FL 32746 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: MGR () Delete
Name: FATEMI, RIA
Address: 758 N SUN DR #104
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES:

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: ZIA FATEMI

VP

02/02/2009

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