

**2804 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

DOCUMENT # L02000012068

1. Entity Name  
MEDERO MEDICAL OF ORANGE, LLC



Principal Place of Business

300 NORTH LAKE DESTINY RD.  
MAITLAND, FL 32751

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  
01-0712373

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 S.W. 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**

U000000128769  
04/26/04-50049-014 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  
DEMML, 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)(f), 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  
4/20/04 352 629 3455