

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 19, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000012068

1. Entity Name
MEDERO MEDICAL OF ORANGE, LLC



Principal Place of Business

4806 N ORANGE BLOSSOM TRAIL
ORLANDO, FL 32810

Mailing Address

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



06062006 No Chg-LLC

CR2E083 (11/05)

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 September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
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

000000567367
06/19/06-80007-011 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

6/26/2006

Date

352-804-0126

Daytime Phone #