

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012068

FILED
Apr 01, 2008
Secretary of State

Entity Name: MEDERO MEDICAL OF ORANGE, LLC

Current Principal Place of Business:

4806 N ORANGE BLOSSOM TRAIL
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 01-0712373

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEDERO, MARIO M.D.
1109 S.W. 10TH STREET
OCALA, FL 34474 US

Name and Address of New Registered Agent:

DOMINIE, COOKIE
1109 S.W. 10TH STREET
OCALA, FL 34471 US

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: COOKIE DOMINIE

04/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MEDERO, MARIO
Address: 1109 S.W. 10TH STREET
City-St-Zip: OCALA, FL 34474

Title: MGR () Delete
Name: DOMINIE, COOKIE
Address: 1109 S.W. 10TH STREET
City-St-Zip: OCALA, FL 34474

Title: MGR () Delete
Name: DEMMI, EDWARD
Address: 1109 S.W. 10TH STREET
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: MEDERO, MARIO MD
Address: 1109 S.W. 10TH STREET
City-St-Zip: OCALA, FL 34471

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

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

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: LARRY W. MAYFIELD

ADM

04/01/2008

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