


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

1 of 2

DOCUMENT # L02000012068

1. Entity Name
MEDERO MEDICAL OF ORANGE, LLC



FILED

2003 NOV 20 AM 11:02

OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA

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2. Principal Place of Business <u>300 NORTH LAKE DESTINY RD</u>		3. Mailing Address <u>1109 S.W. 10th STR</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>MAITLAND FL</u>		City & State <u>OCALA FL</u>	
Zip <u>32751</u>	Country <u>USA</u>	Zip <u>34474</u>	Country <u>USA</u>

503196900681
DO NOT WRITE IN THIS SPACE
07/11/03 90026 01 \$50.00
4. FEI Number 01-0712373 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE <u>man/p</u> NAME <u>MARIO MEDERO, MD</u> STREET ADDRESS <u>1109 S.W. 10th STR</u> CITY - ST - ZIP <u>OCALA, FL 34474</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE <u>man/p</u> NAME <u>COOKIE DOMINIE</u> STREET ADDRESS <u>1109 S.W. 10th STR</u> CITY - ST - ZIP <u>OCALA, FL 34474</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE <u>man/p</u> NAME <u>EDWARD DOMINIE, MD</u> STREET ADDRESS <u>1109 S.W. 10th STR</u> CITY - ST - ZIP <u>OCALA, FL 34474</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Peter Williams 7/8/03 352 629 3455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)

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2003 NOV 20 AM 11:02

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