

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90069 024 \*\*\*\*50.00

DOCUMENT # L02000017470

1. Entity Name

MEDERO MEDICAL OF ORANGE SOUTH, LLC



Principal Place of Business

9500 SATELLITE BLVD, STE. 100  
ORLANDO, FL 32837

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

75-3072858

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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	<del>WEDERO, MARIO</del> MEDERO, MARIO
STREET ADDRESS	1109 S.W. 10TH STREET
CITY-ST-ZIP	OCALA, FL 34474
TITLE	MGRM
NAME	DOMINIE, COOKIE
STREET ADDRESS	1109 S.W. 10TH STREET
CITY-ST-ZIP	OCALA, FL 34474
TITLE	MGRM
NAME	DEMME, EDWARD
STREET ADDRESS	1109 S.W. 10TH STREET
CITY-ST-ZIP	OCALA, FL 34474
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)(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 member 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* 4/20/04 352 629 3455