

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L02000017470**

1. Entity Name

MEDERO MEDICAL OF ORANGE SOUTH, LLC



FILED

2003 NOV 20 AM 10:54

**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9500 SATELLITE BLVD

3. Mailing Address

1109 S.W. 10th STR.

Suite, Apt. #, etc.

STE. 100

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

OCALA, FL

Zip

32837

Country

USA

Zip

34474

Country

USA

4. FEI Number

75-3072858

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

MARIO MEDERO, M.D.

Street Address (P.O. Box Number is Not Acceptable)

1109 S.W. 10th STREET

City

OCALA

FL

Zip Code

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**MARIO MEDERO, M.D.
1109 S.W. 10th STR.
OCALA, FL 34474**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**COOKIE DOMINIE
1109 S.W. 10th STR.
OCALA, FL 34474**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**EDWARD DOMINIE, M.D.
1109 S.W. 10th STR.
OCALA, FL 34474**

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)(l), 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 3526293455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)

2082



FILED

2003 NOV 20 AM 10: 54

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 # L02000012068	Medero Medical of Orange, LLC
Doc # L02000017470	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