

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000020178

Entity Name: MEDPRO CENTER, LLC

**FILED**  
**May 09, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

13301 SOUTH HWY 475  
OCALA, FL 34480

**New Principal Place of Business:**

**Current Mailing Address:**

13301 SOUTH HWY 475  
OCALA, FL 34480

**New Mailing Address:**

FEI Number: 82-0558151      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

RUTLEDGE, KIM  
13301 S. HWY 475  
OCALA, FL 34480      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: FELDMAN, ROBERT L MD  
Address: 13301 SOUTH HWY 475  
City-St-Zip: OCALA, FL 34480

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBERT FELDMAN

MGRM

05/09/2007

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