

FILED
Apr 14, 2008 08:00 AM
Secretary of State

1. Entity Name
MCCORKLE VOTING TRUST, L.L.C.



Mailing Address
3725 11TH CIRCLE
VERO BEACH, FL 33960 US

DO NOT WRITE IN THIS SPACE



CR2E083 (12/07)

Applied For
Not Applicable

☐ **\$5.00** Additional
Fee Required

JOYCE, PETER H
3725 11TH CIRCLE
VERO BEACH, FL 33960

**DO NOT WRITE
IN THIS SPACE**

SIGNATURE.

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

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

DATE
000000037129
04/25/08-80035-023 138.75

TITLE	MGRM
NAME	JOYCE, PETER H M.D.
STREET ADDRESS	3725 11TH CIRCLE
CITY-ST-ZIP	VERO BEACH, FL 33960

TITLE	MGRM
NAME	BISSET, ROBERT R M.D.
STREET ADDRESS	3725 11TH CIRCLE
CITY - ST - ZIP	VERO BEACH, FL 33960

TITLE	MGRM
NAME	COLELLA, JAY P M.D.
STREET ADDRESS	3725 11TH CIRCLE
CITY-ST-ZIP	VERO BEACH, FL 33960

TITLE	MGRM
NAME	NAGEL, HEATHER S M.D.
STREET ADDRESS	3725 11TH CIRCLE
CITY-ST-ZIP	VERO BEACH, FL 33960

TITLE	MGRM
NAME	PUSKAR, GEORGE T M.D.
STREET ADDRESS	3725 11TH CIRCLE
CITY-ST-ZIP	VERO BEACH, FL 33960

TITLE	MGRM
NAME	WEEKS, MARGARET W M.D.
STREET ADDRESS	3725 11TH CIRCLE
CITY - ST - ZIP	VERO BEACH, FL 33960

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

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

Date _____

Davidson Phone #