

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006304

FILED
Aug 08, 2006
Secretary of State

Entity Name: MEDICAL LEASING GROUP, LLC

Current Principal Place of Business:

747 AUTUMN CREST DR.
SARASOTA, FL 34232

New Principal Place of Business:

5922 CATTLEMEN LANE
SUITE 100
SARASOTA, FL 34232

Current Mailing Address:

747 AUTUMN CREST DR.
SARASOTA, FL 34232

New Mailing Address:

5922 CATTLEMEN LANE
SUITE 100
SARASOTA, FL 34232

FEI Number: 56-2326457 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:

Name and Address of New Registered Agent:

VOIGT & VOIGT, PA
2042 BEE RIDGE RD.
SARASOTA, FL 34239 US

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: MGR () Delete
Name: FUGLEBERG, KEEFE
Address: 747 AUTUMN CREST DRIVE
City-St-Zip: SARASOTA, FL 34232

Title: MGR () Delete
Name: SWEENEY, THOMAS M II
Address: 4714 ELDERBERRY DRIVE
City-St-Zip: SARASOTA, FL 34241

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FUGLEBERG, KEEFE
Address: 3860 ROYAL HAMMOCK BLVD
City-St-Zip: SARASOTA, FL 34232

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

I hereby certify that the information supplied with this filing does not qualify for the 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: KEEFE FUGLEBERG

MGR

08/08/2006

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