


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90160 040 ****50.00

DOCUMENT # L03000006304 1. Entity Name MEDICAL LEASING GROUP, LLC	
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Principal Place of Business 5922 CATTLEMEN LANE SUITE 100 SARASOTA, FL 34232	Mailing Address 5922 CATTLEMEN LANE SUITE 100 SARASOTA, FL 34232
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03092007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2326457	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	
VOIGT & VOIGT, PA 2042 BEE RIDGE RD SARASOTA, FL 34230	Keefe Fugleberg 5922 Cattlemen Ln Sarasota, FL 34232

**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 resigning)

Keefe Fugleberg

3/12/07

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FUGLEBERG, KEEFE 3860 ROYAL HAMMOCK BLVD SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SWEENEY, THOMAS M II 4714 ELDERBERRY DRIVE SARASOTA, FL 34241
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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 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

Keefe Fugleberg

Date

Daytime Phone #

3/12/07

(941) 378-8977