2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # L03000006304

1. Entity Name
MEDICAL LEASING GROUP, LLC

Principal Place of Business	Mailing Address
5922 CATTLEMEN LANE SUITE 100 SARASOTA, FL 34232	5922 CATTLEMEN LANE SUITE 100 SARASOTA, FL 34232

DO NOT WRITE IN THIS SPACE

03132008No Chg-LLC CR2E083 (12/07)

4. FEI Number
56-2326457

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
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

9. MANAGING MEMBERS/MANAGERS

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

U00000880173
04/02/08-80051-010 138.75

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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: _____ 3/13/08 9413788977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #