

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000017163

Entity Name: DEMEDICI, LLC

**FILED**  
**Mar 09, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1511 SW FIRST AVENUE  
OCALA, FL 34471 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO DRAWER 3130  
OCALA, FL 34478 US

**New Mailing Address:**

FEI Number: 57-1170526

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORTES, JOSE ESQ  
BLANCHARD MERRIAM ADEL & KIRKLAND  
4 SE BROADWAY  
OCALA, FL 34471 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: P  
Name: PALMIRE, VINCENT C M.D.  
Address: 1511 SW 1ST AVENUE  
City-St-Zip: OCALA, FL 34471 US

Title: ST  
Name: ROBERTIE, PAUL G M.D.  
Address: 1511 SW 1ST AVE  
City-St-Zip: OCALA, FL 34471 US

I hereby 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: VINCENT PALMIRE, M.D.

MGR

03/09/2011

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