


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 03, 2005 8:00 am
Secretary of State

08-03-2005 90020 023 ****50.00

DOCUMENT # L03000044141	
1. Entity Name MEDICAL BUILDING, LLC	

Principal Place of Business 312 W. FIRST STREET STE. 300 SANFORD, FL 32771	Mailing Address 305 CLYDE MORRIS BLVD STE 220 ORMOND BEACH, FL 32174
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2. Principal Place of Business	3. Mailing Address 312 W. First St
Suite, Apt. #, etc.	Suite, Apt. #, etc. # 300
City & State	City & State Sanford, Florida
Zip	Zip 32771
Country	Country USA

6. Name and Address of Current Registered Agent TRACEY, MARK F 305 CLYDE MORRIS BLVD STE 220 ORMOND BEACH, FL 32174	
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20066028



07282005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0390245	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRACEY, MARK F 305 CLYDE MORRIS BLVD STE 220 ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR John Guerrina 111 Firstlan Way Sanford, Florida 32773 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: John Guerrina Manager 7/26/05 386 5471690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #