

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044141

Entity Name: MEDICAL BUILDING, LLC

FILED
Jan 19, 2006
Secretary of State

Current Principal Place of Business:

312 W. FIRST STREET STE. 300
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

312 W. FIRST STREET STE. 300
SANFORD, FL 32771

New Mailing Address:

FEI Number: 20-0390245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRACEY, MARK F
305 CLYDE MORRIS BLVD STE 220
ORMOND BEACH, FL 32174 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: MGR () Delete
Name: TRACEY, MARK F
Address: 305 CLYDE MORRIS BLVD STE 220
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGR () Delete
Name: GUERRIAN, JOHN
Address: 111 FRIESLAN WAY
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: GUERRIAN, JOHN
Address: 5106 MAJESTIC WOODS PLACE
City-St-Zip: SANFORD, FL 32771

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: JOHN GUERRINA

VP

01/19/2006

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