


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90078 012 ****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 312 W. FIRST STREET STE. 300 SANFORD, FL 32771
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2. Principal Place of Business - No P.O. Box # 1240 W. Portillo Dr.	3. Mailing Address 1240 W. Portillo Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Deltona, FL	City & State Deltona, FL
Zip 32725	Zip 32725
Country US	Country US



01052007 Chg-LLC CR2E083 (12/06)

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	

6. Name and Address of Current Registered Agent TRACEY, MARK F 305 CLYDE MORRIS BLVD STE 220 ORMOND BEACH, FL 32174	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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

**Make check payable to
Florida Department of State**

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 GUERRIAN, JOHN 5106 MAJESTIC WOODS PLACE SANFORD, FL 32771 <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
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

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: 7-1-11
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-16-07 (386) 507-2005
Date Daytime Phone #