## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044141

Entity Name: MEDICAL BUILDING, LLC

FILED Apr 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1242 WEST PORTILLO DR DELTONA, FL 32725

Current Mailing Address: New Mailing Address:

1242 WEST PORTILLO DR DELTONA, FL 32725

FEI Number: 20-0390245 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

TRACEY, MARK F

305 CLYDE MORRIS BLVD STE 220

ORMOND BEACH, FL 32174 US

TRACEY, MARK F

1242 W. PORTILLO DR.

DELTONA, FL 32725 US

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: 04/01/2009

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS:

Γitle: 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: 5106 MAJESTIC WOODS PLACE

City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition

Name: TRACEY, MARK F
Address: 1242 W. PORTILLO DR.
City-St-Zip: DELTONA, FL 32725

Title: MGR (X) Change ( ) Addition

Name: GUERRIAN, JOHN

Address: 1200 LEXINGTON GREEN LANE

City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify 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: MARK F TRACEY MGR 04/01/2009