

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000010767

**FILED**  
**Feb 06, 2012**  
**Secretary of State**

**Entity Name:** METROPOLITAN MEDICAL GROUP, LLC

**Current Principal Place of Business:**

6601 MEMORIAL HWY  
STE 301  
TAMPA, FL 33615

**New Principal Place of Business:**

**Current Mailing Address:**

6601 MEMORIAL HWY  
STE 301  
TAMPA, FL 33615

**New Mailing Address:**

**FEI Number:** 20-0741131

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LAGO, MANUEL F  
6601 MEMORIAL HWY  
SUITE 301  
TAMPA, FL 33615 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:** MGRM  
**Name:** LAGO, MANUEL F  
**Address:** 6601 MEMORIAL HWY STE 301  
**City-St-Zip:** TAMPA, FL 33615

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: MANUEL LAGO

MANA

02/06/2012

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