

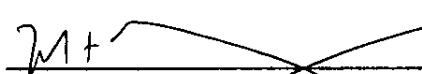


FILED
Feb 25, 2008 08:00 A
Secretary of State

DOCUMENT # L04000022557			
1. Entity Name ORMOND MEDICAL BUILDING, LLC			
Principal Place of Business 1242 WEST PORTILLO DR DELTONA, FL 32725 US		Mailing Address 1242 WEST PORTILLO DR DELTONA, FL 32725 US	
DO NOT WRITE IN THIS SPACE			
		01312008No Chg-LLC CR2E083 (12/07)	
		4. FEI Number 90-0153507	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 MR. 305 CLYDE MORRIS BLVD SUITE 220 ORMOND BEACH, FL 32174		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRACEY, MARK 1242 W PORTILLO DRIVE DELTONA, FL 32725		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOWER, GREGORY 305 CLYDE MORRIS BLVD, STE 200 ORMOND BEACH, FL 32174		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRACEY, DAVID 1248 VISCAYA PARKWAY CAPE CORAL, FL 33991		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUERRINA, JOHN 1913 EDGEBROOK CIRCLE #105 SANFORD, FL 32771		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIGAFOOS, LARRY 290 GALA CIRCLE DAYTONA BEACH, FL 32124		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>			
<small>Date Daytime Phone #</small>			