

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022557

FILED
Apr 01, 2009
Secretary of State

Entity Name: ORMOND MEDICAL BUILDING, LLC

Current Principal Place of Business:

1242 WEST PORTILLO DR
DELTONA, FL 32725 US

New Principal Place of Business:

Current Mailing Address:

1242 WEST PORTILLO DR
DELTONA, FL 32725 US

New Mailing Address:

FEI Number: 90-0153507

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRACEY, MARK F MR.
305 CLYDE MORRIS BLVD
SUITE 220
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

TRACEY, MARK F MR.
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:

Title: MGR () Delete
Name: TRACEY, MARK
Address: 1242 W PORTILLO DRIVE
City-St-Zip: DELTONA, FL 32725 US

Title: MGR () Delete
Name: LOWER, GREGORY
Address: 305 CLYDE MORRIS BLVD, STE 200
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGR () Delete
Name: TRACEY, DAVID
Address: 1248 VISCAYA PARKWAY
City-St-Zip: CAPE CORAL, FL 33991 US

Title: MGR () Delete
Name: GUERRINA, JOHN
Address: 1913 EDGEBROOK CIRCLE #105
City-St-Zip: SANFORD, FL 32771 US

Title: MGR () Delete
Name: SIGAFOOS, LARRY
Address: 290 GALA CIRCLE
City-St-Zip: DAYTONA BEACH, FL 32124 US

ADDITIONS/CHANGES:

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

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

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

Title: MGR (X) Change () Addition
Name: GUERRINA, JOHN
Address: 1200 LEXINGTON GREEN LANE
City-St-Zip: SANFORD, FL 32771 US

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

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

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