

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022557

FILED  
Mar 08, 2010  
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.  
1242 W. PORTILLO DR.  
DELTONA, FL 32725 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: MGR  
Name: TRACEY, MARK  
Address: 1242 W PORTILLO DRIVE  
City-St-Zip: DELTONA, FL 32725 US

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

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

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

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

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: MARK F TRACEY

MGM

03/08/2010

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