2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022557

Entity Name: ORMOND MEDICAL BUILDING, LLC

FILED Mar 10, 2011 Secretary of State

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

1242 WEST PORTILLO DR 305 CLYDE MORRIS BLVD DELTONA, FL 32725 US

SUITE 220

ORMOND BEACH, FL 32174 US

Current Mailing Address: New Mailing Address:

1242 WEST PORTILLO DR P.O. BOX 101329

DELTONA, FL 32725 CAPE CORAL, FL 33910 US

FEI Number: 90-0153507 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 MR. TRACEY, MARK F MR. 1641 S.E. 39TH TERRACE 1242 W. PORTILLO DR. DELTONA, FL 32725 CAPE CORAL, FL 33904 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: 03/10/2011

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

MGR

TRACEY, MARK Name:

Address: 1641 S.E. 39TH TERRACE City-St-Zip: CAPE CORAL, FL 33904 US

Title: MGR

Name: LOWER, GREGORY

Address: 305 CLYDE MORRIS BLVD. STE 200 City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGR

TRACEY, DAVID Name: 5252 NAUTILUS DR. Address:

City-St-Zip: CAPE CORAL, FL 33904 US

Title: MGR

Name: GUERRINA, JOHN

1200 LEXINGTON GREEN LANE Address: City-St-Zip: SANFORD, FL 32771 US

Title: MGR

SIGAFOOS, LARRY Name: 290 GALA CIRCLE Address:

DAYTONA BEACH, FL 32124 US City-St-Zip:

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 Statues.

SIGNATURE: MARK F TRACEY **MGR** 03/10/2011