

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022557

FILED
Mar 09, 2012
Secretary of State

Entity Name: ORMOND MEDICAL BUILDING, LLC

Current Principal Place of Business:

305 CLYDE MORRIS BLVD
SUITE 220
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 101329
CAPE CORAL, FL 33910 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.
1641 S.E. 39TH TERRACE
CAPE CORAL, FL 33904 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: 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
Name: TRACEY, DAVID
Address: 5252 NAUTILUS DR.
City-St-Zip: CAPE CORAL, FL 33904 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

MMG

03/09/2012

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