2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# L04000029288

Entity Name: MEDMAC HOLDINGS II, LLC

Current Principal Place of Business:

4237 HENDERSON BLVD.
TAMPA, FL 33629

New Principal Place of Business:

4613 N. CLARK AVE.
TAMPA, FL 33614

Current Mailing Address:

P.O. BOX 1186
TAMPA, FL 33601

New Mailing Address:

FEI Number: 52-2443332 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BERGMANN, FREDERICK J
4237 HENDERSON BLVD.
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

BERGMANN, FREDERICK J
4613 N. CLARK AVE.
TAMPA, FL 33614 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: _____ 05/01/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MCCOSKRIS, JOHN H
Address: P.O. BOX 1186
City-St-Zip: TAMPA, FL 33601

Title: MGRM ( ) Delete
Name: BERGMAN, FREDERICK J
Address: P.O. BOX 1186
City-St-Zip: TAMPA, FL 33601

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: BERGMANN, FREDERICK J
Address: P.O. BOX 1186
City-St-Zip: TAMPA, FL 33601

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: FREDERICK J. BERGMANN MGRM 05/01/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date