

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 19, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000038534

1. Entity Name
MEDERO MEDICAL OF TAMPA WEST, "LLC"



Principal Place of Business

COMMERCE PLAZA
5406 HOOVER BOULEVARD
TAMPA, FL 33634

Mailing Address

1109 SW 10TH STREET
OCALA, FL 34474

DO NOT WRITE IN THIS SPACE



06062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
86-1106735

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEDERO, MARIO M.D.
1109 SW 10TH STREET
OCALA, FL 34474

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 8, 2006**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MEDERO, MARIO M.D. 1109 SW 10TH STREET OCALA, FL 34474 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DOMINIE, COOKIE 1109 SW 10TH STREET OCALA, FL 34474 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DEMME, EDWARD L M.D. 1109 SW 10TH STREET OCALA, FL 34474 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Cookie Dominie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

6/26/2006

Date

352-804-0126

Daytime Phone #