

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90333 033 \*\*\*\*50.00

**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**

**60047442**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

**86-1106735**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **COOKIE DOMINIE**

Street Address (P.O. Box Number is Not Acceptable)

**1109 SW 10TH ST.**

City **OCALA**

**FL**

Zip Code **34474**

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

*Cookie Dominie*

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

(NOTE: Registered Agent signature required when reinstating)

**4/30/07**

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MEDERO, MARIO M.D.  
1109 SW 10TH STREET  
OCALA, FL 34474** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
DOMINIE, COOKIE  
1109 SW 10TH STREET  
OCALA, FL 34474** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
DEMMI, EDWARD L M.D.  
1109 SW 10TH STREET  
OCALA, FL 34474** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/30/07**

Date

Daytime Phone #