2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2010
Secretary of State

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Entity Name: MEDICAL COMPLEX, L.L.C.

Current Principal Place of Business:

6914 EAST FOWLER AVE, SUITE J
C/O A. S. WEEKLEY, JR.
TAMPA, FL 336171705 US

New Principal Place of Business:

Current Mailing Address:

6914 EAST FOWLER AVE, SUITE J
C/O A. S. WEEKLEY, JR.
TAMPA, FL 336171705 US

New Mailing Address:

FEI Number: 20-1646848 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEEKLEY, JR., A.S.
2619 BAYSHORE BLVD.
TAMPA, FL 336297317 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: WEEKLEY, JR., A.S.
Address: 2619 BAYSHORE BLVD.
City-St-Zip: TAMPA, FL 336297317 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 Statues.

SIGNATURE: A S WEEKLEY JR MGR 03/22/2010

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