


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000032741

1. Entity Name
MCDONALD MEDICAL SURGICAL LLC



Principal Place of Business
**2828 CASA ALOMA WAY
 SUITE 200
 WINTER PARK, FL 32792**

Mailing Address
**1801 GRINNELL TERRACE
 WINTER PARK, FL 32789**

DO NOT WRITE IN THIS SPACE



01072007No Chg-LLC CR2E083 (11/05)

4. FEI Number 51-0545055	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCDONALD, MALCOLM H
 1801 GRINNELL TERRACE
 WINTER PARK, FL 32789**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

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

000000533655
 01/22/07-80041-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCDONALD, MALCOLM H 1801 GRINNELL TERRACE WINTER PARK, FL 32789
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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: *Malcolm McDonald* 1-14-07 407-676500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #