


**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 <b>2828 CASA ALOMA WAY          SUITE 200          WINTER PARK, FL 32792</b>	Mailing Address <b>1801 GRINNELL TERRACE          WINTER PARK, FL 32789</b>
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**DO NOT WRITE IN THIS SPACE**



01072007No Chg-LLC CR2E083 (11/05)

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

6. Name and Address of Current Registered Agent

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

**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 \_\_\_\_\_ 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**

L000000533655  
 01/22/07-80041-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MCDONALD, MALCOLM H 1801 GRINNELL TERRACE WINTER PARK, FL 32789</b>
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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 #