

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000032741

**FILED**  
**Jan 15, 2012**  
**Secretary of State**

**Entity Name:** MCDONALD MEDICAL SURGICAL LLC

**Current Principal Place of Business:**

3009 ALOMA AVENUE  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

1801 GRINNELL TERRACE  
WINTER PARK, FL 32789

**New Mailing Address:**

FEI Number: 51-0545055

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCDONALD, MALCOLM H  
1801 GRINNELL TERRACE  
WINTER PARK, FL 32789 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: MCDONALD, MALCOLM H  
Address: 1801 GRINNELL TERRACE  
City-St-Zip: WINTER PARK, FL 32789

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 Statutes.

SIGNATURE: MALCOLM H MCDONALD

MGR

01/15/2012

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