

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000079057

**FILED**  
**May 01, 2010**  
**Secretary of State**

**Entity Name:** 7545-7547 MEDICAL DRIVE, L.L.C.

**Current Principal Place of Business:**

7545 MEDICAL DRIVE  
HUDSON, FL 34667

**New Principal Place of Business:**

**Current Mailing Address:**

7545 MEDICAL DRIVE  
HUDSON, FL 34667

**New Mailing Address:**

**FEI Number:** 59-3826451      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

GASSMAN, ALAN S  
1245 COURT STREET, SUITE 102  
CLEARWATER, FL 33756 US

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:** PTR  
**Name:** PASCUAL, JOSE F  
**Address:** 10345 ALICO PASS  
**City-St-Zip:** NEW PORT RICHEY, FL 34655

**Title:** PTR  
**Name:** SORRESSO, DOMENICK J  
**Address:** 4255 RIVER BIRCH DRIVE  
**City-St-Zip:** WEEKI WACHEE, FL 34607

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:** DOMENICK J. SORRESSO

PTR

05/01/2010

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