

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000079057

**FILED**  
**Apr 25, 2011**  
**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 ( )

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

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

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

DICKENS, MARK  
7320 E. FLETCHER AVENUE  
TAMPA, FL 33637 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: MARK DICKENS

04/25/2011

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

04/25/2011

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