


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2006 8:00 am
Secretary of State

07-10-2006 90103 029 ****50.00

DOCUMENT # L05000098983

1. Entity Name
MEDERO MEDICAL OF TAMPA EAST, LLC



Principal Place of Business
**1109 SW 10TH STREET
 OCALA, FL 34474 US**

Mailing Address
**1109 SW 10TH STREET
 OCALA, FL 34474 US**

20047970



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

07032006 Chg-LLC CR2E083 (11/05)

City & State

4. FEI Number
20-3597527

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**COOKIE, DOMINIE
 1109 SW 10TH STREET
 OCALA, FL 34474**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 September 6, 2006**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MEDERO, MARIO M.D. 1109 SW 10TH STREET OCALA, FL 34474 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DOMINIE, COOKIE 1109 SW 10TH STREET OCALA, FL 34474 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DEMME, EDWARD 1109 SW 10TH STREET OCALA, FL 34474 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Cookie Dominie *MANAGER Director of Operations 7/5/06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #