


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90333 032 ****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		
2. Principal Place of Business - No P.O. Box # 9325 BAY PLAZA BLVD,		3. Mailing Address Suite, Apt. #, etc. SUITE 201			
City & State TAMPA, FL		City & State TAMPA, FL		4. FEI Number 20-3597527	
Zip 33619		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$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 COOKIE DOMINIE Street Address (P.O. Box Number is Not Acceptable) 1109 SW 10TH ST. City OCALA FL Zip Code 34474	
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 <u><i>Cookie Dominie</i></u> DATE <u><i>4/30/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<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: <u><i>Cookie Dominie</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u><i>4/30/07</i></u> Daytime Phone # _____	

60047443



04302007 Chg-LLC CR2E083 (12/06)

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
 Name **COOKIE DOMINIE**
 Street Address (P.O. Box Number is Not Acceptable)
1109 SW 10TH ST.
 City **OCALA** **FL** Zip Code **34474**

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 SIGNATURE *Cookie Dominie* DATE *4/30/07*
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**
**Make check payable to
Florida Department of State**

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SIGNATURE: *Cookie Dominie*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date *4/30/07* Daytime Phone # _____