

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000098983

FILED
Apr 01, 2008
Secretary of State

Entity Name: MEDERO MEDICAL OF TAMPA EAST, LLC

Current Principal Place of Business:

9325 BAY PLAZA BLVD
SUITE 201
TAMPA, FL 33619 US

New Principal Place of Business:

Current Mailing Address:

1109 SW 10TH STREET
OCALA, FL 34474 US

New Mailing Address:

1109 SW 10TH STREET
OCALA, FL 34471 US

FEI Number: 20-3597527

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

COOKIE, DOMINIE
1109 SW 10TH STREET
OCALA, FL 34471 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: COOKIE DOMINIE

04/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MEDERO, MARIO M.D.
Address: 1109 SW 10TH STREET
City-St-Zip: OCALA, FL 34474 US

Title: MGR () Delete
Name: DOMINIE, COOKIE
Address: 1109 SW 10TH STREET
City-St-Zip: OCALA, FL 34474 US

Title: MGR () Delete
Name: DEMMI, EDWARD
Address: 1109 SW 10TH STREET
City-St-Zip: OCALA, FL 34474 US

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: MEDERO, MARIO M.D.
Address: 1109 SW 10TH STREET
City-St-Zip: OCALA, FL 34471 US

Title: VP (X) Change () Addition
Name: DOMINIE, COOKIE
Address: 1109 SW 10TH STREET
City-St-Zip: OCALA, FL 34471 US

Title: DIR (X) Change () Addition
Name: DEMMI, EDWARD MD
Address: 1109 SW 10TH STREET
City-St-Zip: OCALA, FL 34471 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: LARRY W. MAYFIELD

ADM

04/01/2008

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