

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000098983

FILED  
Apr 16, 2009  
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 34471 US

## New Mailing Address:

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 34471 US

## Name and Address of New Registered Agent:

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

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

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

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: MEDERO MEDICAL HOLDINGS, INC.  
Address: 1109 SW 10TH STREET  
City-St-Zip: OCALA, FL 34471 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: COOKIE DOMINIE

P

04/16/2009

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