2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# L05000107789

Entity Name: MEDICAL LANE LLC

Current Principal Place of Business:

1620 MEDICAL LANE
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

160 HARBOR LANE
MASSAPEQUA PARK, NY 11762

New Mailing Address:

FEI Number: 20-3751407 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SONZONE, MARIO
6001 TROPHY DRIVE UNIT 1003
NAPLES, FL 34110 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: MGRM ( ) Delete
Name: SONZONE, MARIO
Address: 160 HARBOR LANE
City-St-Zip: MASSAPEQUA PARK, NY 11762

Title: MGRM ( ) Delete
Name: BORRELLI, STEPHEN
Address: 79 NORTH WOODBINE DRIVE
City-St-Zip: HICKSVILLE, NY 11801

ADDITIONS/CHANGES:

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: MARIO SONZONE MM 04/14/2009

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