

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000107789

Entity Name: MEDICAL LANE LLC

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1620 MEDICAL LANE  
FORT MYERS, FL 33907

**New Principal Place of Business:**

7225 SANIBEL BLVD  
FORT MYERS, FL 33908

**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  
Name: SONZONE, MARIO  
Address: 160 HARBOR LANE  
City-St-Zip: MASSAPEQUA PARK, NY 11762

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

I hereby 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

MGRM

01/07/2010

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