2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000042541 1. Entity Name MEDICAL CENTER GARAGE, LLC

SIGNATURE:



FILED
Mar 17, 2008 8:00 am
Secretary of State
03-17-2008 90266 046 ***138.75

					THE WALL			_		
Principal Place of Business 1400 N. KILLIAN DRIVE LAKE PARK, Ft. 33403			Mailing Address 1400 N. KIŁLIAN DRIVE LAKE PARK, FL 33403			6001543	1			
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2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03132008	Chg-LLC	CR2E0	83 (12/06)	
City & State			City & State		4. FEI Numbe	PPLICABLE		<u> </u>	plied For Applicable	
Zip		Country	Zip	Country		5. Certificate	of Status Desired		\$5.00 Addi	
6. Name and Address of Current			Registered Agent	1	1	7. Name and	Address of New F	Registered	Agent	
					Name					
1655 PALM SUITE 900	M BEACH	FFREY L. PETERS, LAKES BOULEVARI	.L. Street Address		(P.O. Box Numb	er is Not Acceptabl	6)			
WEST PALM BEACH, FL 33401			Cit		City			FĹ	Zip Code	
	named entity ions of regist		r the purpose of changing its	s register	ed office or regist	ered agent, or bo	th, in the State of Fl	orida. I am	tamiliar with,	and accept
SIGNATURE -	Signature, typed	or printed name of registered agent a	and title if applicable. (NOT	E: Registere	ed Agent signature requir	red when reinstating)		DATE		
			1				. Vigorano Stractor	18 4 m	things - Autoria	# 3. Egi
		FEE IS \$138.75 Fee will be \$538.75	3						ayable to ent of State	
9.		MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	/CHANGES	5	
TITLE	MGRM	4	☐ Delete	TITL	E				Change	☐ Addition
NAME	TEMERIA	N, JOHN S		NAN						
STREET ADDRESS	ı	ILLIAN DRIVE			EET ADDRESS					
CITY-ST-ZIP		RK, FL 33403			Y-ST-ZIP					
TITLE	MGRM		Delete	TITL	1				☐ Change	Addition
NAME		N, JOHN J		NAM	ME EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	ì	ILLIAN DRIVE RK, FL 33403			Y-ST-ZIP					
	MGRM	KK, 7 E 33403	A	TITU					☐ Change	☐ Addition
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CITY-ST-ZIP	1	RK, FL 33403		CIT	Y-ST-ZIP					
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NAME				NA	ME					
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CITY-ST-ZIP				CIT	Y-ST-ZIP					
TITLE			☐ Delete	TIT	LE				Change	Addition
NAME				. NA	I					
STREET ADDRESS					REET ADDRESS Y-ST-ZIP					
CITY-ST-ZIP	ļ			_					Change	Addition
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NAME STREET ADDRESS	1			NA STE	me Reet address					
CITY-ST-ZIP	1			1	Y-ST-ZIP					
1 11 11	Certify that #	e information supplied with	n this filing does not qualify f	or the av	emeticos contains	ed in Chapter 119	. Florida Statutes. I	further certi	fy that the info	ormation
indicated limited lia	on this repositive compa	ort is true and accurate and	Nhat my signature shall have compowered to execute this	e the san s report a	ne legal effect as as required by Ch	if made under oat apter 608, Florida	h; that I am a man Statutes.	aging memb	er or manage	er of the

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE