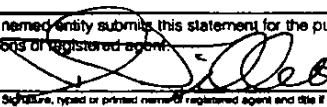
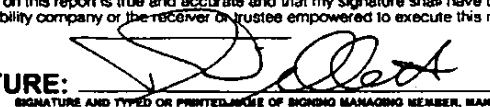


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-02-2007 90436 050 ****55.00

DOCUMENT # L06000062499 1. Entity Name MEDI MACDILL, LLC					
Principal Place of Business 100 W. KENNEDY BLVD., STE. 650 TAMPA, FL 33602			Mailing Address 100 W. KENNEDY BLVD., STE. 650 TAMPA, FL 33602		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 20-5071508	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MILLS, FREDERICK J ESQ. MORRISON & MILLS, P.A. 1200 W. PLATT STREET, STE. 100 TAMPA, FL 33606					
7. Name and Address of New Registered Agent Name Thomas K. Willett Street Address (P.O. Box Number is Not Acceptable) 100 W. Kennedy Blvd. Suite 650 City Tampa FL Zip Code 33602					
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  Thomas K. Willett DATE 3/29/07 (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLET, THOMAS K 100 W. KENNEDY BLVD., STE. 650 TAMPA, FL 33602	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANCHEZ, ROLANDO R M.D. 100 W. KENNEDY BLVD., STE. 650 TAMPA, FL 33602	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.					
SIGNATURE:  Thomas K. Willett DATE 3/29/07 813 229-0600 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					