


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90113 035 ***143.75

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
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60023540



2. Principal Place of Business - No P.O. Box # 412 E. Madison St. Suite, Apt. #, etc. Suite 1100 City & State Tampa, FL Zip 33602	3. Mailing Address 412 E. Madison St. Suite, Apt. #, etc. Suite 1100 City & State Tampa, FL Zip 33602	Country USA
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01032008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5071508	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLET, THOMAS K 100 W KENNEDY BLVD STE 650 TAMPA, FL 33602	
7. Name and Address of New Registered Agent Name Thomas K. Willett Street Address (P.O. Box Number is Not Acceptable) 412 E. Madison St. Suite 1100 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  DATE 1/28/08
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 412 E. Madison St, Suite 1100 Tampa, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANCHEZ, ROLANDO R M.D. 100 W. KENNEDY BLVD., STE. 650 TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 412 E. Madison St, Suite 1100 Tampa, FL 33602
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

1/28/08

813-225-1051

Daytime Phone #