

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000102759

Entity Name: SCMA ROCKLEDGE, LLC

FILED
Jan 19, 2010
Secretary of State

Current Principal Place of Business:

490 N WASHINGTON AVENUE
TITUSVILLE, FL 32796 US

New Principal Place of Business:

Current Mailing Address:

490 N WASHINGTON AVENUE
TITUSVILLE, FL 32796 US

New Mailing Address:

FEI Number: 20-5750939

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, RUCHARD M M.D.
490 N WASHINGTON AVENUE
TITUSVILLE, FL 32796 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: LEVINE, RICHARD M M.D.
Address: 490 N WASHINGTON AVENUE
City-St-Zip: TITUSVILLE, FL 32796 US

Title: MGRM
Name: ZIMM, SOLOMON M.D.
Address: 490 N WASHINGTON AVENUE
City-St-Zip: TITUSVILLE, FL 32796 US

Title: MGRM
Name: SPRAWLS, R. DUFF M.D.
Address: 490 N WASHINGTON AVENUE
City-St-Zip: TITUSVILLE, FL 32796 US

Title: MGRM
Name: CASTRO, JUAN M.D.
Address: 490 N WASHINGTON AVENUE
City-St-Zip: TITUSVILLE, FL 32796 US

Title: MGRM
Name: DALAL, ASHISH M.D.
Address: 490 N WASHINGTON AVENUE
City-St-Zip: TITUSVILLE, FL 32796 US

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: RICHARD M LEVINE

MGRM

01/19/2010

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