

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90226 013 ***138.75

DOCUMENT # L06000111663

1. Entity Name
BALTODANO MEDICINE, LLC



Principal Place of Business
**835 7TH STREET, BLDG B
STE 1
CLERMONT, FL 34711**

Mailing Address
**835 7TH STREET, BLDG B
STE 1
CLERMONT, FL 34711**



2. Principal Place of Business - No P.O. Box #
3125 Citrus Tower Blvd

3. Mailing Address
3125 Citrus Tower Blvd

Suite, Apt. #, etc.
Bldg C

Suite, Apt. #, etc.
Bldg C

City & State
Clermont, FL

City & State
Clermont, FL

Zip
34711

Country

Zip
34711

Country

03062008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-8310687

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DICKSON, RUSSELL K JR
20 N. ORANGE AVE.
STE. 1500
ORLANDO, FL 32802**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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
BALTODANO, RODRIGO M.D.
835 7TH STREET, BLDG B, STE. 1
CLERMONT, FL 34711** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**3125 Citrus Tower Blvd Bldg C
Clermont, FL 34711** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
BALTODANO, NEYTON M.D.
835 7TH STREET, BLDG B, STE. 1
CLERMONT, FL 34711** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**3125 Citrus Tower Blvd Bldg C
Clermont, FL 34711** ☒ Change ☐ Addition

TITLE
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CITY- ST- ZIP
☐ 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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

4-32008