2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L06000118838

Entity Name: MBS MEDICAL PROPERTIES, LLC

Current Principal Place of Business:

7169 VIA FIRENZE
BOCA RATON, FL 33433 US

New Principal Place of Business:

3319 SR 7
SUITE 102
WELLINGTON, FL 33449 US

Current Mailing Address:

7169 VIA FIRENCE
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 20-8034595 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DANIEL L. OSBORNE, PA
96 NE 5TH AVENUE
DELRAY BEACH, FL 33483 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 ( ) Delete
Name: BUGGIA, MARY
Address: 7741 BELMONT DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: MGRM ( ) Delete
Name: SORRENTINO, ANTHONY
Address: 7741 BELMONT DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: MGRM ( ) Delete
Name: MENENDEZ, BENNY TRUSTEE
Address: 7169 VIA FIRENCE
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: BENNY MENENDEZ MGRM 04/30/2009

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