

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000008894

Entity Name: MD CLARK, LLC

FILED  
Mar 20, 2009  
Secretary of State

## Current Principal Place of Business:

1118 SOUTH ORANGE AVENUE, UNIT 202  
ORLANDO, FL 32806 US

## New Principal Place of Business:

1118 SOUTH ORANGE AVENUE  
SUITE 202  
ORLANDO, FL 32806 US

## Current Mailing Address:

1405 SULTAN CIRCLE  
OVIEDO, FL 32766 US

## New Mailing Address:

1118 SOUTH ORANGE AVENUE  
SUITE 202  
ORLANDO, FL 32806 US

FEI Number: 20-8378817

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CLARK, DENISE S.D.O.  
1118 S. ORANGE AVENUE  
SUITE 202  
ORLANDO, FL 32806 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: MGR ( ) Delete  
Name: CLARK, DENISE S.D.O.  
Address: 1118 S. ORANGE AVENUE, SUITE 202  
City-St-Zip: ORLANDO, FL 32806 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

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

Title: MGR ( ) Change (X) Addition  
Name: CLARK, MICHAEL R  
Address: 1118 S. ORANGE AVENUE, SUITE 202  
City-St-Zip: ORLANDO, FL 32806 US

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: DENISE S. CLARK, D.O.

MGR

03/20/2009

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