2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# L07000093556

Entity Name: MEDICAL CENTER ASSOCIATES, LLC

Current Principal Place of Business:

1893 KINGSLEY AVENUE
ORANGE PARK, FL 32073

New Principal Place of Business:

1893 KINGSLEY AVENUE
SUITE B
ORANGE PARK, FL 32073

Current Mailing Address:

1893 KINGSLEY AVENUE
ORANGE PARK, FL 32073

New Mailing Address:

1893 KINGSLEY AVENUE
SUITE B
ORANGE PARK, FL 32073

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTIN, CARLYLE K
1893 KINGSLEY AVENUE
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

MARTIN, CARLYLE K
1893 KINGSLEY AVENUE
SUITE B
ORANGE PARK, FL 32073 US

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: CARLYLE K MARTIN 01/07/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MARTIN, CARLYLE K TRUSTEE
Address: 1893 KINGSLEY AVENUE
City-St-Zip: ORANGE PARK, FL 32073

Title: MGRM ( ) Delete
Name: MILLSTONE, STUART Z TRUSTEE
Address: 1893 KINGSLEY AVENUE
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES:

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: CARLYLE K MARTIN PRES 01/07/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date