

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000093556

**FILED**  
**Jan 20, 2010**  
**Secretary of State**

**Entity Name:** MEDICAL CENTER ASSOCIATES, LLC

**Current Principal Place of Business:**

1893 KINGSLEY AVENUE  
SUITE B  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

**Current Mailing Address:**

1893 KINGSLEY AVENUE  
SUITE B  
ORANGE PARK, FL 32073

**New Mailing Address:**

**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  
SUITE B  
ORANGE PARK, FL 32073 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: MARTIN, CARLYLE K TRUSTEE  
Address: 1893 KINGSLEY AVENUE  
City-St-Zip: ORANGE PARK, FL 32073

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

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: CARLYLE K MARTIN

MGRM

01/20/2010

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