

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000026151

**FILED**  
**Mar 05, 2009**  
**Secretary of State**

**Entity Name:** MEDI MELBOURNE, L.L.C.

**Current Principal Place of Business:**

412 E. MADISON STREET  
SUITE 1100  
TAMPA, FL 33602 US

**New Principal Place of Business:**

7630 NORTH WICKHAM ROAD  
SUITE 104  
MELBOURNE, FL 32940 US

**Current Mailing Address:**

412 E. MADISON STREET  
SUITE 1100  
TAMPA, FL 33602 US

**New Mailing Address:**

**FEI Number:** 26-2170455      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WILLETT, THOMAS K  
412 E. MADISON STREET  
SUITE 1100  
TAMPA, FL 33602 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:** WILLETT, THOMAS K  
**Address:** 412 E. MADISON STREET, SUITE 1100  
**City-St-Zip:** TAMPA, FL 33602 US

**ADDITIONS/CHANGES:**

**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:** THOMAS K. WILLETT

MGR

03/05/2009

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