2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2011
Secretary of State

DOCUMENT# L09000011401

Entity Name: MD PLUS CLINIC, LLC

Current Principal Place of Business:

2039 E. EDGEWOOD DRIVE
#110B
LAKELAND, FL 33803

New Principal Place of Business:

Current Mailing Address:

2039 E. EDGEWOOD DRIVE
#110B
LAKELAND, FL 33803

New Mailing Address:

FEI Number: 30-0543931 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, ROBERT F CPA
2918 BUSCH LAKE BLVD.
TAMPA, FL 33614 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
Name: OBI-ANADIUME, VICTOR
Address: 2039 E. EDGEWOOD DRIVE #110B
City-St-Zip: LAKELAND, FL 33803

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 Statues.

SIGNATURE: VO MGR 02/18/2011

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