

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000115208

**FILED**  
**Mar 10, 2010**  
**Secretary of State**

**Entity Name:** MEDERO MEDICAL CARING FOR WORKERS, LLC

**Current Principal Place of Business:**

1109 SW 10TH STREET  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

1109 SW 10TH STREET  
OCALA, FL 34471

**New Mailing Address:**

**FEI Number:** 27-1417146

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DOMINIE, MADELINE COOKI  
1109 SW 10TH STREET  
OCALA, FL 34471 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: PRES  
Name: DOMINIE, MADELINE  
Address: 1109 SW 10TH STREET  
City-St-Zip: Ocala, FL 34471

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: MADELINE COOKIE DOMINIE

PRES

03/10/2010

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