

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000070290

**Entity Name:** MEDICAL ASSOCIATES ,LLC

**FILED**  
**Apr 03, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

9401 SW H.WAY 200  
SUITE 103, BLD. 100  
OCALA,, FL 34481 US

**New Principal Place of Business:**

**Current Mailing Address:**

9401 SW H.WAY 200  
SUITE 103, BLD. 100  
OCALA,, FL 34481 US

**New Mailing Address:**

**FEI Number:** 27-2972945

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MURTHY, SRINIVASA M  
9401 SW H.WAY 200  
SUITE 103,BLD.100  
OCALA, FL 34481 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:** MURTHY, SRINIVASA M  
**Address:** 9401 SW H.WAY 200  
**City-St-Zip:** OCALA, FL 34481

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:** SRINIVASA M MURTHY

MGR

04/03/2011

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