

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004317

FILED
Feb 09, 2009
Secretary of State

Entity Name: CAPE CORAL MEDICAL BUILDING L.L.C.

Current Principal Place of Business:

21 BARKLEY CIRCLE
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

21 BARKLEY CIRCLE
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 65-0799094

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUILOVA, LUIS A
21 BARKLEY CIRCLE
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

KOWALSKY, THOMAS E M.D.
21 BARKLEY CIRCLE
FORT MYERS, FL 33907 US

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: THOMAS E KOWALSKY M.D.

02/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RUILOVA, LUIS A
Address: 21 BARKLEY CIRCLE
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KOWALSKY, THOMAS E M.D.
Address: 21 BARKLEY CIRCLE
City-St-Zip: FORT MYERS, FL 33907

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 E KOWALSKY M.D.

PRES

02/09/2009

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