


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 09, 2003 8:00 am**  
**Secretary of State**

07-09-2003 90037 018 \*\*\*150.00

DOCUMENT # <b>P98000008210.</b>	
1. Entity Name <b>MEDERO MEDICAL HOLDINGS, INC.</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>1109 S.W. 10<sup>th</sup> STREET</b>		3. Mailing Address <b>1109 S.W. 10<sup>th</sup> STREET</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>OCALA, FL</b>		City & State <b>OCALA, FL</b>	
Zip <b>34474</b>	Country <b>USA.</b>	Zip <b>34474</b>	Country <b>USA.</b>

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>593491873</b>		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
	7. Name and Address of Current Registered Agent		
	Name <b>MARIO MEDERO, M.D.</b>		
Street Address (P.O. Box Number is Not Acceptable)			
<b>1109 S.W. 10<sup>th</sup> STREET</b>			
City <b>OCALA</b> FL Zip Code <b>34474</b>			

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1, Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MARIO MEDERO, M.D. 1109 S.W. 10<sup>th</sup> STREET OCALA, FL 34474.</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D. COOKIE DOMINIE 1109 S.W. 10<sup>th</sup> STREET OCALA, FL 34474.</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D EDWARD DEMMI, M.D. 1109 S.W. 10<sup>th</sup> STREET OCALA, FL 34474.</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered.

SIGNATURE: **William I. PERRY WILLIAMS.** 7/8/03. 352 6293455.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)