

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007664

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: SOUTH TAMPA MEDICAL INVESTMENTS, LLC

**Current Principal Place of Business:**

214 KEAP STREET  
BROOKLYN, NY 11211

**New Principal Place of Business:**

**Current Mailing Address:**

3928 PREMIER NORTH DRIVE  
TAMPA, FL 33618

**New Mailing Address:**

FEI Number: 59-3722197

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

APPLETON, ERIC N  
1801 N HIGHLAND AVE  
TAMPA, FL 33602 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: MGRM ( ) Delete  
Name: GROSZ, JUDITH  
Address: 214 KEAP ST  
City-St-Zip: BROOKLYN, NY 11211

Title: MGR ( ) Delete  
Name: LEFKOWITZ, MORRIS  
Address: 570 BEDFORD AVENUE  
City-St-Zip: BROOKLYN, NY 11211

Title: MGR ( ) Delete  
Name: LEFKOWITZ, EDWARD  
Address: 5511 11TH AVE  
City-St-Zip: BROOKLYN, NY 11219

Title: MGR ( ) Delete  
Name: SCHACHTER, ROBERT  
Address: 1670 50TH ST  
City-St-Zip: BROOKLYN, NY 11219

Title: MGR ( ) Delete  
Name: GOLD, HARRY  
Address: 1745 45TH ST  
City-St-Zip: BROOKLYN, NY 11219

Title: MGR ( ) Delete  
Name: LEFKOWITZ, JACOB  
Address: 125 TAYLOR ST  
City-St-Zip: BROOKLYN, NY 11211

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MORRIS LEFKOWITZ

MGR

04/07/2009

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