

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000007664

**Entity Name:** SOUTH TAMPA MEDICAL INVESTMENTS, LLC**Current Principal Place of Business:**214 KEAP STREET  
BROOKLYN, NY 11211**Current Mailing Address:**3928 PREMIER NORTH DRIVE  
TAMPA, FL 33618**FEI Number:** 59-3722197**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**APPLETON, ERIC N  
1801 N HIGHLAND AVE  
TAMPA, FL 33602 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Authorized Person(s) Detail :**

Title	MGRM
Name	GROSZ, JUDITH
Address	214 KEAP ST
City-State-Zip:	BROOKLYN NY 11211

Title	MGR
Name	LEFKOWITZ, MORRIS
Address	570 BEDFORD AVENUE
City-State-Zip:	BROOKLYN NY 11211

Title	MGR
Name	LEFKOWITZ, EDWARD
Address	5511 11TH AVE
City-State-Zip:	BROOKLYN NY 11219

Title	MGR
Name	SCHACHER, ROBERT
Address	1670 50TH ST
City-State-Zip:	BROOKLYN NY 11219

Title	MGR
Name	GOLD, HARRY
Address	1745 45TH ST
City-State-Zip:	BROOKLYN NY 11219

Title	MGR
Name	LEFKOWITZ, JACOB
Address	125 TAYLOR ST
City-State-Zip:	BROOKLYN NY 11211

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MORRIS LEFKOWITZ**MANAGER****04/29/2013**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date