

**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 SCHACHTER, 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