2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# L00000004043

Entity Name: PINELLAS INDEPENDENT PHYSICIANS ASSOCIATION, LLC

Current Principal Place of Business:

2435 US 19
STE 450
HOLIDAY, FL 34691

New Principal Place of Business:

Current Mailing Address:

2435 US 19
STE 450
HOLIDAY, FL 34691

New Mailing Address:

FEI Number: 59-3649558 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KHAN, HAIDER
2435 US 19
STE 450
HOLIDAY, FL 34691 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/MEMBERS:

Title: MGR ( ) Delete
Name: KHAN, HAIDER A
Address: 2435 US 19, STE 450
City-St-Zip: HOLIDAY, FL 34691

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: KHAN, HAIDER A
Address: 2435 US 19, STE 450
City-St-Zip: HOLIDAY, FL 34691

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HAIDER A KHAN MGRM 04/27/2004

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