

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000010559

FILED
Apr 30, 2005
Secretary of State

Entity Name: MEDICAL PARTNERS OF PINELLAS, LLC

Current Principal Place of Business:

7855 38TH AVE. N.
ST. PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

7855 38TH AVE. N.
ST. PETERSBURG, FL 33710

New Mailing Address:

FEI Number: 80-0031054

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DAVIS, CLIFF
7625 LEATHER FERN DRIVE
PINELLAS PARK, FL 33782 US

Name and Address of New Registered Agent:

O'BRIEN, JOHN
7855 38TH AVENUE NORTH
ST. PETERSBURG, FL 33710 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: MICHAEL D. O'BRIEN

04/30/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: DAVIS, CLIFF
Address: 7625 LEATHER FERN CT.
City-St-Zip: PINELLAS PARK, FL 33782 US

Title: MGRM () Delete
Name: O'BRIEN, JOHN J M.D.
Address: 7370 SAWGRASS POINT DRIVE
City-St-Zip: PINELLAS PARK, FL 33782 US

ADDITIONS/CHANGES:

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 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: MICHAEL D. O'BRIEN, CPA

CFO

04/30/2005

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