

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000010559

FILED
Apr 27, 2007
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 ()

Name and Address of Current Registered Agent:

O'BRIEN, JOHN
7855 38TH AVENUE NORTH
ST. PETERSBURG, FL 33710 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: O'BRIEN, MICHAEL D CPA
Address: 1021 NEW DAWN LN
City-St-Zip: ODENTON, MD 21113 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 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: MICHAEL D. O'BRIEN

MGRM

04/27/2007

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