

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000010559

**FILED**  
**Apr 08, 2012**  
**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  
**Name:** O'BRIEN, MICHAEL D CPA  
**Address:** 1021 NEW DAWN LN  
**City-St-Zip:** ODENTON, MD 21113 US

**Title:** MGRM  
**Name:** O'BRIEN, JOHN J M.D.  
**Address:** 7719 HUNTER LANE  
**City-St-Zip:** PINELLAS PARK, FL 33782 US

I hereby 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 O'BRIEN

MGRM

04/08/2012

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