

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000015109	
1. Entity Name TAMPA BAY MEDICAL SPECIALTIES, L.L.C.	
Principal Place of Business 15511 NORTH FLORIDA AVE., SUITE D TAMPA, FL 33613	Mailing Address 15511 NORTH FLORIDA AVE., SUITE D TAMPA, FL 33613



04132005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3229068	Applied For Not Applicable
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5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

IEZZI, ALAN J
15511 N. FLORIDA AVENUE
SUITE D
TAMPA, FL 33613

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR IEZZI, ALAN J 15511 NORTH FLORIDA AVE., SUITE D TAMPA, FL 33613
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04/19/05-80035-021 55.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #