


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90344 026 \*\*\*\*\*55.00

UCL990024

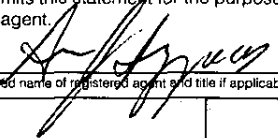
<b>DOCUMENT # L01000015109</b>			
1. Entity Name <b>TAMPA BAY MEDICAL SPECIALTIES, L.L.C.</b>			
Principal Place of Business <b>15511 NORTH FLORIDA AVE., SUITE D TAMPA FL 33613</b>		Mailing Address <b>15511 NORTH FLORIDA AVE., SUITE D TAMPA FL 33613</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



CHECK HERE IF MAKING CHANGES

4. FEI Number <b>59-3229068</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent <b>GREGORY, WILLIAM P 715 W. SWANN AVE. TAMPA FL 33606</b>		7. Name and Address of New Registered Agent Name <b>Fezzi, Alan J</b> Street Address (P.O. Box Number is Not Acceptable) <b>15511 N. Florida Avenue</b> <b>Suite D</b> City <b>Tampa</b> FL Zip Code <b>33613</b>	

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  (NOTE: Registered Agent signature required when reinstating) DATE **1/15/03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR IEZZI, ALAN J 15511 NORTH FLORIDA AVE., SUITE D TAMPA FL 33613</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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 REQUIRED** DATE **1/15/03** Daytime Phone #

CR2E083 (10/02)