

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 28, 2008 8:00 am**  
**Secretary of State**

05-28-2008 90139 027 \*\*\*138.75

**DOCUMENT # L02000025805**

1. Entity Name  
**TAMPA MEDICAL PROPERTIES II, LLC**



Principal Place of Business  
**4703 N. ARMENIA AVENUE  
TAMPA, FL 33603**

Mailing Address  
**4703 N. ARMENIA AVENUE  
TAMPA, FL 33603**

**50006074**

2. Principal Place of Business - No P.O. Box #  
**5501 W. Gray St.**

3. Mailing Address  
**5501 W. Gray St.**



Suite, Apt. #, etc.

Suite, Apt. #, etc.

04172008 Chg-LLC CR2E083 (12/06)

City & State  
**Tampa FL**

City & State  
**Tampa FL**

4. FEI Number  
**59-3753447**

Applied For  
Not Applicable

Zip  
**33609**

Country  
**US**

Zip  
**33609**

Country  
**US**

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
GARI, RODOLFO JR  
5501 W GRAY ST  
TAMPA, FL 33609** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**CFO  
LOWE, SCOTT  
5501 W GRAY ST  
TAMPA, FL 33609** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**C  
DOYLE, MIKE  
5501 W GRAY ST  
TAMPA, FL 33609** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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CITY - ST - ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

**Mike Doyle**

**4/23/08**

Date

**813 569-6500**

Daytime Phone #