2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # L02000028296

1. Entity Name
DEBORAH S. BART, M.D. & ASSOCIATES , L.L.C.

Principal Place of Business	Mailing Address
3055 5TH AVENUE NORTH ST PETERSBURG, FL 33713	3055 5TH AVENUE NORTH ST PETERSBURG, FL 33713

DO NOT WRITE IN THIS SPACE

04262007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
01-0748955

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GASSMAN, ALAN S M.D.
1245 COURT STREET STE. 102
CLEARWATER, FL 33756

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BART, DEBORAH S MD
STREET ADDRESS	3055 5TH AVENUE NORTH
CITY-ST-ZIP	ST PETERSBURG, FL 33713
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
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CITY-ST-ZIP	

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05/24/07-80067-019 50.00

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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 X Deborah S Bart MD X Deborah S Bart M.D. 4 29 07 X (727) 323-4888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #