


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000031455 1. Entity Name PASADENA FAMILY MEDICAL ASSOCIATES, L.L.C.					
Principal Place of Business 630 PASADERA AVE. SOUTH SAINT PETERSBURG, FL 33707		Mailing Address 630 PASADERA AVE. SOUTH SAINT PETERSBURG, FL 33707			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GASSMAN, ALAN S 1245 COURT STREET, SUITE 102 CLEARWATER, FL 33756				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 _____ 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, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, ALAN M.D.	NAME	1100000036247		
STREET ADDRESS	630 PASADERA AVE. SOUTH	STREET ADDRESS	03/25/04-80022-013 150.00		
CITY - ST - ZIP	SAINT PETERSBURG, FL 33703	CITY - ST - ZIP			
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ESPOSITO, TOM M.D.	NAME			
STREET ADDRESS	630 PASADERA AVE. SOUTH	STREET ADDRESS			
CITY - ST - ZIP	SAINT PETERSBURG, FL 33703	CITY - ST - ZIP			
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MURRAY, JOHN V M.D.	NAME			
STREET ADDRESS	630 PASADERA AVE. SOUTH	STREET ADDRESS			
CITY - ST - ZIP	SAINT PETERSBURG, FL 33703	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
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: <i>Thomas E Esposito</i> Thomas E Esposito 727-345-7100 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone # 3-15-04					