## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L02000031455

FILED Jan 08, 2006 Secretary of State

Entity Name: PASADENA FAMILY MEDICAL ASSOCIATES, L.L.C.

**Current Principal Place of Business: New Principal Place of Business:** 630 PASADERA AVE. SOUTH SAINT PETERSBURG, FL 33707 **Current Mailing Address: New Mailing Address:** 630 PASADERA AVE. SOUTH SAINT PETERSBURG, FL 33707 FEI Number: 01-0755134 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GASSMAN, ALAN S 1245 COURT STREET, SUITE 102 CLEARWATER, FL 33756 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete SMITH, ALAN M.D. Name: Name: Address: 630 PASADERA AVE. SOUTH Address: City-St-Zip: SAINT PETERSBURG, FL 33707 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: ESPOSITO, TOM M.D. Name: Address: 630 PASADERA AVE. SOUTH Address: City-St-Zip: SAINT PETERSBURG, FL 33707 City-St-Zip: Title: MGR () Delete Title: () Change () Addition MURRAY, JOHN V M.D. Name: Name: 630 PASADERA AVE. SOUTH Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33707 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS ESPOSITO 01/08/2006