

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031455

**FILED**  
**Feb 03, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

630 PASADERA AVE. SOUTH  
SAINT PETERSBURG, FL 33707

**New Principal Place of Business:**

**Current Mailing Address:**

630 PASADERA AVE. SOUTH  
SAINT PETERSBURG, FL 33707

**New Mailing Address:**

FEI Number: 01-0755134

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ESPOSITO, THOMAS E  
630 PASADENA AVE S  
ST. PETERSBURG, FL 33707 US

**Name and Address of New Registered Agent:**

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:**

Title: MGR  
Name: SMITH, ALAN M.D.  
Address: 630 PASADERA AVE. SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: MGR  
Name: ESPOSITO, THOMAS E M.D.  
Address: 630 PASADERA AVE. SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: MGR  
Name: MURRAY, JOHN V M.D.  
Address: 630 PASADERA AVE. SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33707

I hereby 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 E ESPOSITO

MGR

02/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date