2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034782

FILED
Apr 24, 2009
Secretary of State

Entity Name: FI-TAMPA, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
4411 NORTH HABANA AVENUE TAMPA, FL 33614	

Current Mailing Address:	**New Mailing Address:**
100 2ND AVE S STE 901 SOUTH ST PETERSBURG, FL 33701	

FEI Number: 32-0051446   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:**
SPECTOR GADON & ROSEN, LLP 360 CENTRAL AVENUE, SUITE 1550 ST. PETERSBURG, FL 33701 US	

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:	MGR ( ) Delete	Title:	( ) Change ( ) Addition
Name:	MADONNA, HARRY DILLON	Name:	
Address:	360 CENTRAL AVE STE 1550	Address:	
City-St-Zip:	ST PETERSBURG, FL 33701	City-St-Zip:	

Title:	MGR ( ) Delete	Title:	( ) Change ( ) Addition
Name:	ADMINISTRATOR	Name:	
Address:	4411 NORTH HABANA AVENUE	Address:	
City-St-Zip:	TAMPA, FL 33614	City-St-Zip:	

Title:	MGR ( ) Delete	Title:	( ) Change ( ) Addition
Name:	DIRECTOR OF NURSING	Name:	
Address:	4411 NORTH HABANA AVENUE	Address:	
City-St-Zip:	TAMPA, FL 33614	City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: HARRY DILLON MADONNA   MGR   04/24/2009
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date