2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2004
Secretary of State

DOCUMENT# L03000010974

Entity Name: NEW TAMPA PHYSICIAN GROUP, LLC

Current Principal Place of Business:

14009 ELLESMERE DRIVE
TAMPA, FL 33624

New Principal Place of Business:

10311 CROSS CREEK BOULEVARD
SUITE B
TAMPA, FL 33647

Current Mailing Address:

14009 ELLESMERE DRIVE
TAMPA, FL 33624

New Mailing Address:

P.O. BOX 48947
TAMPA, FL 33647

FEI Number: 43-2010396 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALKER, GARY
100 SOUTH ASHLEY DRIVE, SUITE 1500
TAMPA, FL 33602 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/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: SHAH, VIPUL R MD
Address: 10311 CROSS CREEK BOULEVARD STE. B
City-St-Zip: TAMPA, FL 33647

Title: MGR ( ) Change (X) Addition
Name: PATEL, JAYDEEP J MD
Address: 10311 CROSS CREEK BOULEVARD, STE D
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAYDEEP PATEL MGR 02/16/2004

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