

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000010974

1. Entity Name
NEW TAMPA PHYSICIAN GROUP, LLC



Principal Place of Business
**10311 CROSS CREEK BOULEVARD
SUITE B
TAMPA, FL 33647**

Mailing Address
**P.O. BOX 48947
TAMPA, FL 33647**

DO NOT WRITE IN THIS SPACE



04202005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
43-2010396

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WALKER, GARY
100 SOUTH ASHLEY DRIVE, SUITE 1500
TAMPA, FL 33602**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SHAH, VIPUL R MD
STREET ADDRESS	10311 CROSS CREEK BOULEVARD STE. B
CITY-ST-ZIP	TAMPA, FL 33647

TITLE	MGR
NAME	PATEL, JAYDEEP J MD
STREET ADDRESS	10311 CROSS CREEK BOULEVARD, STE D
CITY-ST-ZIP	TAMPA, FL 33647

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000337108
04/27/05-80155-015 \$0.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/20/2005 (813) 994-7670

Date

Daytime Phone #