

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010974

FILED
Jan 21, 2006
Secretary of State

Entity Name: NEW TAMPA PHYSICIAN GROUP, LLC

Current Principal Place of Business:

10311 CROSS CREEK BOULEVARD
SUITE B
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 48947
TAMPA, FL 33647

New Mailing Address:

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/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: VIPUL R. SHAH

MGR

01/21/2006

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