2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030481

Entity Name: ADVANCED ENTS OF TAMPA BAY, LLC

FILED Jan 25, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

603 SEVENTH STREET SOUTH, SUITE 580 ST. PETERSBURG, FL 33701

Current Mailing Address: New Mailing Address:

603 SEVENTH STREET SOUTH, SUITE 580 ST. PETERSB URG, FL 33701

FEI Number: 20-0158448 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

FELIX, MARK R

603 7TH STREET S.

SUITE 580

FELIX, MARK R MANAGER

603 7TH STREET S.

SUITE 580

SUITE 580

ST. PETERSBURG, FL 33701 US 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: MARK FELIX 01/25/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name: TRINA E. ESPINOLA, M, .D., P.A. Name: FELIX, MARK R MANAGER

Address: 603 SEVENTH STREET SOUTH, SUITE 580 Address: 603 SEVENTH STREET SOUTH, SUITE 580

City-St-Zip: ST. PETERSBURG, FL 33701 US City-St-Zip: ST. PETERSBURG, FL 33701 US

 Title:
 () Delete
 Title:
 P () Change (X) Addition

 Name:
 Name:
 ESPINOLA, TRINA E MD

 Address:
 Address:
 603 7TH STREET S., SUITE 580

 City-St-Zip:
 City-St-Zip:
 ST. PETERSBURG, FL 33701

Title: VP () Change (X) Addition

 Name:
 Name:
 ESPINOLA, TRINA E MD

 Address:
 Address:
 603 7TH STREET S., SUITE 580

 City-St-Zip:
 City-St-Zip:
 ST. PETERSBURG, FL 33701

Title: () Delete Title: T () Change (X) Addition
Name: Name: ESPINOLA, TRINA E MD

 Name:
 Name:
 ESPINOLA, TRINA E MD

 Address:
 Address:
 603 7TH STREET S., SUITE 580

 City-St-Zip:
 City-St-Zip:
 ST. PETERSBURG, FL 33701

 $\label{eq:Title:S} {\sf Title:S} \qquad \qquad {\sf S} \qquad {\sf (\)} \ {\sf Change} \ {\sf (X)} \ {\sf Addition}$

Name:Name:ESPINOLA, TRÍNA E MDAddress:Address:603 7TH STREET S., SUITE 580City-St-Zip:City-St-Zip:ST. PETERSBURG, FL 33701

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: MARK FELIX MGRM 01/25/2007