

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000036468

**FILED**  
**Jan 19, 2011**  
**Secretary of State**

**Entity Name:** TAMPA BAY MEDICAL ACADEMY, LLC

**Current Principal Place of Business:**

2148 W BUSCH BLVD  
TAMPA, FL 33612

**New Principal Place of Business:**

**Current Mailing Address:**

% HINES NORMAN HINES PL  
315 S HYDE PARK AVENUE  
TAMPA, FL 33606

**New Mailing Address:**

**FEI Number:** 20-0257232

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NORMAN, CHRISTOPHER H  
315 S HYDE PARK AVENUE  
TAMPA, FL 33606 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:** MGRM  
**Name:** CHANG, YUN T  
**Address:** 10102 LAKE COVE LANE  
**City-St-Zip:** TAMPA, FL 33618

**Title:** MGRM  
**Name:** CHANG, MARCIA R  
**Address:** 10102 LAKE COVE LANE  
**City-St-Zip:** TAMPA, FL 33618

I hereby 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:** YUN TAE CHANG

MGRM

01/19/2011

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