2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# L04000015600

Entity Name: FLORIDA PHYSICAL MEDICINE I, LLC

Current Principal Place of Business:

2200 WEST BAY DRIVE
LARGO, FL 33770 US

New Principal Place of Business:

3037 WEST KENNEDY BLVD
TAMPA, FL 33609 US

Current Mailing Address:

2200 WEST BAY DRIVE
LARGO, FL 33770 US

New Mailing Address:

3037 WEST KENNEDY BLVD
TAMPA, FL 33609 US

FEI Number: 56-2438455 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALEPA, CHRISTOPHER J
2200 WEST BAY DRIVE
LARGO, FL 33770 US

Name and Address of New Registered Agent:

ALLEN, NILA J OWNER
3037 WEST KENNEDY BLVD
TAMPA, FL 33609 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: NILA J ALLEN 04/29/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: ALEPA, CHRISTOPHER J
Address: 2200 WEST BAY DRIVE
City-St-Zip: LARGO, FL 33770

Title: MGRM (X) Delete
Name: ALLEN, NILA
Address: 3037 WEST KENNEDY BLVD.
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ALLEN, NILA J
Address: 3037 WEST KENNEDY BLVD
City-St-Zip: TAMPA, FL 33609 US

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 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: NILA J ALLEN OWNE 04/29/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date