


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90139 028 ***138.75

DOCUMENT # L04000024044	
1. Entity Name TAMPA MEDICAL PROPERTIES III, LLC	

Principal Place of Business 4703 N ARMENIA AVE TAMPA, FL 33603	Mailing Address 4703 N ARMENIA AVE TAMPA, FL 33603
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50006073

2. Principal Place of Business - No P.O. Box # 5501 W Gray St	3. Mailing Address 5501 W Gray St
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04172008 Chg-LLC CR2E083 (12/06)

City & State Tampa FL	City & State Tampa FL
Zip 33609	Zip 33609
Country US	Country US

4. FEI Number 20-2469748	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code


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 _____
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GARI, RODOLFO 5501 W GRAY ST TAMPA, FL 33690 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO LOWE, SCOTT 5501 W GRAY ST TAMPA, FL 33690 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C DOYLE, MIKE 5501 W GRAY ST TAMPA, FL 33690 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	Mike Doyle	4/23/08	813 569-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #