2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2011
Secretary of State

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Entity Name: MEDICAL SPECIALIST ASSOCIATES OF FLORIDA, LLC

Current Principal Place of Business:

1240 S. FORT HARRISON AVENUE
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

1240 S. FORT HARRISON AVENUE
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 81-0656333 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARQUARDT, EMIL C JR
MACFARLANE FERGUSON & MCMULLEN
625 COURT ST., STE. 200
CLEARWATER, FL 33756 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: MEMB
Name: MORTON PLANT MEASE HEALTH SERVICES, INC.
Address: 1240 SOUTH FT. HARRISON AVE., MS 106
City-St-Zip: CLEARWATER, FL 33756 US

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 Statues.

SIGNATURE: DENTON W. CROCKETT, JR. MGR 02/18/2011

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