


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90055 037 ****50.00

DOCUMENT # L04000055226	
1. Entity Name COOPERATIVEMED SOUTH TAMPA, LLC	

Principal Place of Business 601 S. HARBOR ISLAND BLVD. SUITE 103 TAMPA, FL 33602	Mailing Address 2702 TAMPA ROAD PALM HARBOR, FL 34684
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04242006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1967707		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		

6. Name and Address of Current Registered Agent AGIN, BRENT J MD 1856 SPRINGWOD CIRCLE S CLEARWATER, FL 33763		7. Name and Address of New Registered Agent Name Michael L O'NEAL DO Street Address (P.O. Box Number is Not Acceptable) 1430 SCAGULL DRIVE # 206 City PALM HARBOR FL Zip Code 34685	
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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 *MOA* DATE *4/27/06*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006	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 MEMBERSHIP MEDICAL MANAGEMENT CO. INC 2702 TAMPA ROAD PALM HARBOR, FL 34684 <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
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: *MOA* *4/27/06* *727 784-8829*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #