


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000055226 1. Entity Name COOPERATIVEMED SOUTH TAMPA, LLC	
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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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DO NOT WRITE IN THIS SPACE



02222007No Chg-LLC CR2E083 (11/05)

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

6. Name and Address of Current Registered Agent O'NEAL, MICHAEL L DO 1430 SEAGULL DR SUITE 206 PALM HARBOR, FL 34685
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DO NOT WRITE IN THIS SPACE

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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEMBERSHIP MEDICAL MANAGEMENT CO. INC 2702 TAMPA ROAD PALM HARBOR, FL 34684
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<p>U00000653879 03/13/07-80044-006 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: MON Lau Michael O'neal 2/13/07 727-794-8829
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #