

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

**FILED
Apr 23, 2008 8:00 am
Secretary of State**

04-23-2008 90123 049 ***138.75



04082008 No Chg-LLC CR2E083 (12/07)

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

6. Name and Address of Current Registered Agent

O'NEAL, MICHAEL L DO
1430 SEAGULL DR
SUITE 200
PALM HARBOR, FL 34685
2702 Tampa Rd
Palm Harbor, FL 34684

**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

MOJ

Michael O'Neal

4/8/08

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MEMBERSHIP MEDICAL MANAGEMENT CO. INC
STREET ADDRESS	2702 TAMPA ROAD
CITY-ST-ZIP	PALM HARBOR, FL 34684

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

MOJ

Michael O'Neal

4/8/08

717 181-8819

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #