


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

04-23-2008 90123 049 \*\*\*138.75

<b>DOCUMENT # L04000055226</b> 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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04082008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1967707	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
O'NEAL, MICHAEL L DO 1430 SEAGULL DR SUITE 200 PALM HARBOR, FL 34686	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 M. O'Neal Michael O'Neal 4/8/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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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**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: M. O'Neal Michael O'Neal 4/8/08 767 784-9814  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #