2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2008
Secretary of State

DOCUMENT# L04000071118

Entity Name: MARIANNE B. DIEGO-WRIGHT, M.D., PLLC

Current Principal Place of Business:

3246 COVE BEND DRIVE
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

3246 COVE BEND DRIVE
TAMPA, FL 33613

New Mailing Address:

PO BOX 48976
TAMPA, FL 33646

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TULLO, ANDREA T ESQ.
4301 ANCHOR PLAZA PARKWAY, STE. 300
TAMPA, FL 33634 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: MGRM ( ) Delete
Name: DIEGO-WRIGHT, MARIANNE B M.D.
Address: P.O. BOX 48976
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DIEGO-WRIGHT, MARIANNE B M.D.
Address: P.O. BOX 48976
City-St-Zip: TAMPA, FL 33646

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 Statutes.

SIGNATURE: MARIANNE B. DIEGO-WRIGHT, MD MGRM 04/05/2008

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