

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000078697

FILED  
Apr 08, 2006  
Secretary of State

Entity Name: SPA MEDICIO, L.C.

**Current Principal Place of Business:**

P.O. BOX 48586  
TAMPA, FL 33647

**New Principal Place of Business:**

14417 BRUCE B DOWNS BLVD  
TAMPA, FL 33613

**Current Mailing Address:**

P.O. BOX 48586  
TAMPA, FL 33647

**New Mailing Address:**

FEI Number: 20-1834883

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

O'CONNOR, PATRICK M ESQ.  
C/O O'CONNOR & ASSOCIATES  
2240 BELLEAIR ROAD, SUITE 160  
CLEARWATER, FL 33764 US

**Name and Address of New Registered Agent:**

O'CONNOR, PATRICK M ESQ.  
C/O O'CONNOR & ASSOCIATES  
1250 SO BELCHER RD  
LARGO, FL 33771 US

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:

04/08/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CHOWDHARI, SHAUKAT H MD  
Address: PO BOX 48586  
City-St-Zip: TAMPA, FL 33647

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SHAUKAT CHOWDHARI

MGR

04/08/2006

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