

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000078697

Entity Name: SPA MEDICIO, L.C.

FILED
Jan 27, 2007
Secretary of State

Current Principal Place of Business:

14417 BRUCE B DOWNS BLVD
TAMPA, FL 33613

New Principal Place of Business:

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 ()

Name and Address of Current Registered Agent:

O'CONNOR, PATRICK M ESQ.
C/O O'CONNOR & ASSOCIATES
1250 SO BELCHER RD
LARGO, FL 33771 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: MGR () Delete
Name: CHOWDHARI, SHAIKAT H MD
Address: PO BOX 48586
City-St-Zip: TAMPA, FL 33647

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: CHOWDHARI, ANTONINA D MD
Address: PO BOX 46518
City-St-Zip: TAMPA, FL 33647

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: ANTONINA CHOWDHARI, MD

MGR

01/27/2007

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