

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088229

FILED  
Jan 19, 2007  
Secretary of State

Entity Name: PRIME CARE OF TAMPA BAY P.L.

## Current Principal Place of Business:

128 S MOON AVE  
BRANDON, FL 33511 US

## New Principal Place of Business:

819 CYPRESS VILLAGE BLVD  
RUSKIN, FL 33573 US

## Current Mailing Address:

128 S MOON AVE  
BRANDON, FL 33511 US

## New Mailing Address:

P O BOX 5506  
SUN CITY CENTER, FL 33571 US

FEI Number: 20-1973762

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUENO, JOCELYN  
128 S MOON AVE  
BRANDON, FL 33511 US

## Name and Address of New Registered Agent:

BUENO, JOCELYN  
819 CYPRESS VILLAGE BLVD  
RUSKIN, FL 33573 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: JOCELYN BUENO

01/19/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: JOCELYN BUENO MD PA,  
Address: 128 S MOON AVE  
City-St-Zip: BRANDON, FL 33511 US

Title: MGRM ( ) Delete  
Name: CECIL B SUE-WAH-SING, MD PA  
Address: 128 S MOON AVE  
City-St-Zip: BRANDON, FL 33511 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: JOCELYN BUENO MD PA,  
Address: 819 CYPRESS VILLAGE BLVD  
City-St-Zip: RUSKIN, FL 33573 US

Title: MGRM (X) Change ( ) Addition  
Name: CECIL B SUE-WAH-SING, MD PA  
Address: 819 CYPRESS VILLAGE BLVD  
City-St-Zip: RUSKIN, FL 33573 US

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: JOCELYN BUENO

MGRM

01/19/2007

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