

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

04-23-2008 90123 048 ***138.75

DOCUMENT # L04000088251

1. Entity Name
COOPERATIVEMED PALM HARBOR, LLC



Principal Place of Business
2702 TAMPA ROAD
PALM HARBOR, FL 34684

Mailing Address
2702 TAMPA ROAD
PALM HARBOR, FL 34684



04082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
71-0983930

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'NEAL, MICHAEL L DO
1430 SEAGULL DR
SUITE 206
PALM HARBOR, FL 34685
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

MOA

Michael O'Neal

4/8/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when revalidating)

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 COMPANY, INC
2702 TAMPA ROAD
PALM HARBOR, FL 34684

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

MOA

Michael O'Neal

4/8/08

727 784-8849

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #