

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000010608

Entity Name: MPM SPECIALISTS LLC

FILED  
Mar 31, 2010  
Secretary of State

## Current Principal Place of Business:

2240 BELLEAIR ROAD, 225  
CLEARWATER, FL 34624

## New Principal Place of Business:

300 S. PARK PLACE BLVD  
170  
CLEARWATER, FL 33759 US

## Current Mailing Address:

2240 BELLEAIR ROAD, 225  
CLEARWATER, FL 34624

## New Mailing Address:

300 S. PARK PLACE BLVD  
170  
CLEARWATER, FL 33759 US

FEI Number: 30-0305109

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: D  
Name: WATERS, GLENN D  
Address: 300 PINELLAS ST  
City-St-Zip: CLEARWATER, FL 33756 US

Title: PD  
Name: POCOCK, DONALD DR.  
Address: 300 PINELLAS ST  
City-St-Zip: CLEARWATER, FL 33756 US

Title: D  
Name: JACOBS, STEPHEN DR  
Address: 300 S. PARK PLACE BLVD.  
City-St-Zip: CLEARWATER, FL 33759 US

Title: D  
Name: TREMONTI, CARL  
Address: 300 PINELLAS ST  
City-St-Zip: CLEARWATER, FL 33756 US

Title: D  
Name: CORRIGAN, KEVIN  
Address: 300 S. PARK PLACE BLVD  
City-St-Zip: CLEARWATER, FL 33759 US

Title: S  
Name: GALDIERI, LOU  
Address: 300 PINELLAS ST  
City-St-Zip: CLEARWATER, FL 33756 US

I hereby 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: DR. STEPHEN JACOBS

D

03/31/2010

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