2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2011
Secretary of State

DOCUMENT# L05000010608

Entity Name: MPM SPECIALISTS LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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 Statues.

SIGNATURE: DR. STEPHEN JACOBS VP 04/18/2011

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