2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 07, 2006
Secretary of State

DOCUMENT# L05000041893

Entity Name: JOHN A. DIETRICK M.D., P.L.

Current Principal Place of Business:

1904 WEST MORRISON AVENUE
TAMPA, FL 33606

New Principal Place of Business:

13801 BRUCE B. DOWNS BLVD
SUITE 104
TAMPA, FL 33613

Current Mailing Address:

1904 WEST MORRISON AVENUE
TAMPA, FL 33606

New Mailing Address:

P.O. BOX 271305
TAMPA, FL 33688

FEI Number: 20-2754036 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DIETRICK, JOHN A M.D.
13801 BRUCE B. DOWNS, SUITE 104
TAMPA, FL 33613 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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES ( ) Change (X) Addition
Name: DIETRICK, JOHN A
Address: 13801 BRUCE B. DOWNS BLVD
City-St-Zip: TAMPA, FL 33613

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: JOHN A. DIETRICK, M.D. PRES 08/07/2006

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