

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042270

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: PRIMECARE HOSPITALIST GROUP, LLC

## Current Principal Place of Business:

2912 W WATERS AVENUE  
TAMPA, FL 33614

## New Principal Place of Business:

1753 W. FLETCHER AVE  
TAMPA, FL 33612

## Current Mailing Address:

2912 W WATERS AVENUE  
TAMPA, FL 33614

## New Mailing Address:

1753 W. FLETCHER AVE  
TAMPA, FL 33612

FEI Number: 20-2801969

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REVELLO, MARTIN  
2912 W WATERS AVENUE  
TAMPA, FL 33614 US

## Name and Address of New Registered Agent:

REVELLO, MARTIN  
1753 W. FLETCHER AVE  
TAMPA, FL 33612 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:

04/26/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: D ( ) Change (X) Addition  
Name: REVELLO, MARTIN  
Address: 1753 W. FLETCHER AVE.  
City-St-Zip: TAMPA, FL 33612

Title: D ( ) Change (X) Addition  
Name: REVELLO, RAUL MD  
Address: 1753 W. FLETCHER AVE.  
City-St-Zip: TAMPA, FL 33612

Title: D ( ) Change (X) Addition  
Name: SHARMA, MANISH DO  
Address: 1753 W. FLETCHER AVE.  
City-St-Zip: TAMPA, FL 33612

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: MARTIN REVELLO

D

04/26/2006

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