

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000084990

**FILED**  
**Jan 28, 2007**  
**Secretary of State**

**Entity Name:** UPMC19, L.C.

**Current Principal Place of Business:**

5818 NEAL DRIVE  
TAMPA, FL 33617

**New Principal Place of Business:**

**Current Mailing Address:**

5818 NEAL DRIVE  
TAMPA, FL 33617

**New Mailing Address:**

**FEI Number:** 04-3699605

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHANNON, JEFFREY C  
501 E. KENNEDY BLVD., STE. 1700  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

O'CONNOR, PATRICK M ESQ  
1250 SOUTH BELCHER ROAD  
LARGO, FL 33771 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: PATRICK O CONNOR, ESQ

01/28/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ANTONINA, CHOWDHARI  
Address: 5818 NEAL DR  
City-St-Zip: TAMPA, FL 33617

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ANTONINA CHOWDHARI

MGR

01/28/2007

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