
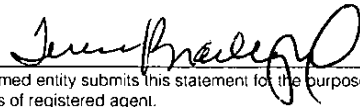



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90041 016 ****55.00

DOCUMENT # L05000088550					
1. Entity Name ST. ANTHONY'S SPECIALISTS, LLC					
Principal Place of Business 1200 SEVENTH AVE. NORTH ST. PETERSBURG, FL 33705			Mailing Address 1200 SEVENTH AVE. NORTH ST. PETERSBURG, FL 33705		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02062007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 74-3168197				Applied For Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KYES, FORD ADM 1200-7TH AVE NORTH SAINT PETERSBURG, FL 33705 			Name Teresa Bradley, M.D. Street Address (P.O. Box Number is Not Acceptable) St. Anthony's Hospital 1200-7th Ave. No. City St. Petersburg FL Zip Code 33705		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE PD	NAME KYES, FORD		TITLE Interim Administrative Officer	NAME Teresa Bradley, M.D.	
STREET ADDRESS 1200-7TH AVE NORTH	CITY-ST-ZIP SAINT PETERSBURG, FL 33705		STREET ADDRESS 1200-7th Ave. No.	CITY-ST-ZIP St. Petersburg, FL 33705	
TITLE VP	NAME BRADLEY, TERESA MD		TITLE 	NAME 	
STREET ADDRESS 1200-7TH AVE NORTH	CITY-ST-ZIP SAINT PETERSBURG, FL 33705		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME TREMONTI, CARL SR		TITLE 	NAME 	
STREET ADDRESS 1200-7TH AVE NORTH	CITY-ST-ZIP SAINT PETERSBURG, FL 33705		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE S	NAME BEGIM, MARLYA		TITLE Beam, Marlys	NAME 	
STREET ADDRESS 1200-7TH AVE NORTH	CITY-ST-ZIP SAINT PETERSBURG, FL 33705		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE COO	NAME Ron Colaguori	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 1200-7th Ave. No.	CITY-ST-ZIP St. Petersburg, FL 33705	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date _____ Daytime Phone # _____		

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