

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000088550

FILED
Mar 11, 2009
Secretary of State

Entity Name: ST. ANTHONY'S SPECIALISTS, LLC

Current Principal Place of Business:

1200 SEVENTH AVE. NORTH
ST. PETERSBURG, FL 33705

New Principal Place of Business:

Current Mailing Address:

1200 SEVENTH AVE. NORTH
ST. PETERSBURG, FL 33705

New Mailing Address:

FEI Number: 74-3168197

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRADLEY, TERESA A MD
ST. ANTHONYLS HOSPITAL
1200 - 7TH AVE. NO.
SAINT PETERSBURG, FL 33705 US

Name and Address of New Registered Agent:

ULBRICHT, WILLIAM G
ST. ANTHONYLS HOSPITAL
1200 - 7TH AVE. NO.
SAINT PETERSBURG, FL 33705 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: WILLIAM G. ULBRICHT

03/11/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: BRADLEY, TERESA A MD
Address: 1200-7TH AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: VP () Delete
Name: ULBRICHT, WILLIAM G
Address: 1200-7TH AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: D () Delete
Name: TREMONTI, CARL
Address: 1200-7TH AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: S () Delete
Name: ARSENEAU, REBECCA A
Address: 1200-7TH AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: C () Delete
Name: COLAGUORI, RON
Address: 1200 - 7TH AVE NO.
City-St-Zip: SAINT PETERSBURG, FL 33705

ADDITIONS/CHANGES:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: REBECCA A ARSENEAU

MS

03/11/2009

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