

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000088550

Entity Name: ST. ANTHONY'S SPECIALISTS, LLC

FILED
Apr 25, 2012
Secretary of State

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:

ULBRICHT, WILLIAM G
ST. ANTHONY'S HOSPITAL
1200 - 7TH AVE. NO.
SAINT PETERSBURG, FL 33705 US

Name and Address of New Registered Agent:

ULBRICHT, WILLIAM G
1200 7TH AVENUE NORTH
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:

04/25/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES
Name: ULBRICHT, WILLIAM
Address: 1200-7TH AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: VP
Name: BRADLEY, TERESA
Address: 1200-7TH AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: T
Name: OLDS, SUSAN
Address: 1200-7TH AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33705

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

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

I hereby 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

S

04/25/2012

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