2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 25, 2006 8:00 am
Secretary of State
03-29-2006 90021 037 ****55.00

DOCUMENT # L05000116255

1. Entity Name
ST. ANTHONY'S PRIMARY CARE, LLC

Principal Place of Business	Mailing Address
1200 SEVENTH AVE N. ST. PETERSBURG, FL 33705	1200 SEVENTH AVE N. ST. PETERSBURG, FL 33705

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01202006 Chg-LLC CR2E083 (11/05)

4. FEI Number 03-0575868 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

~~MARQUARDT, EMIL G JR.~~ Ford Kyes
~~625 COURT STREET, SUITE 200~~ 1200 - 7th Ave. No.
~~CLEARWATER, FL 33756~~
St. Petersburg, Fl. 33705

7. Name and Address of New Registered Agent

Name Ford Kyes — Administration
Street Address (P.O. Box Number is Not Acceptable) 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 Ford Kyes 3-16-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ford Kyes PSD 1200 - 7th Ave. No. St. Petersburg, Fl. 33705 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Teresa Bradley, M.D. V.P. 1200 - 7th Ave. No. St. Petersburg, Fl. 33705 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Carl Tremonti, Sr. 1200 - 7th Ave. No. Director St. Petersburg, FL 33705 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Marlya Beam 1200 - 7th Ave. No - Secretary St. Petersburg, FL 33705 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Ford Kyes 3-16-06 727-825-1074
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #