

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90041 017 \*\*\*\*55.00

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                         |                                                                       |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L05000116255</b><br>1. Entity Name<br><b>ST. ANTHONY'S PRIMARY CARE, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                         |                                                                       |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                             |  |
| Principal Place of Business<br><b>1200 SEVENTH AVE N.<br/>         ST. PETERSBURG, FL 33705</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                         |                                                                       | Mailing Address<br><b>1200 SEVENTH AVE N.<br/>         ST. PETERSBURG, FL 33705</b>                                                                                                                                                                         |                                                                                                                                                                                                                             |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                         | 3. Mailing Address<br>Suite, Apt. #, etc.                             |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                             |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                         | City & State                                                          |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                             |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                                                                 | Zip                                                                   | Country                                                                                                                                                                                                                                                     | 4. FEI Number<br><b>03-0575868</b>                                                                                                                                                                                          |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                         |                                                                       |                                                                                                                                                                                                                                                             | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                      |  |
| 6. Name and Address of Current Registered Agent<br><br><b>KYES, FORD<br/>         1200 7TH AVE NORTH<br/>         SAINT PETERSBURG, FL 33705</b>                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                         |                                                                       | 7. Name and Address of New Registered Agent<br>Name <b>Teresa Bradley, M.D.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>St. Anthony's Hosp.<br/>         1200 - 7th Ave. No.</b><br>City <b>St. Petersburg</b> FL Zip Code <b>33705</b> |                                                                                                                                                                                                                             |  |
| 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<br><small>Signature (word or printed name of Registered Agent and title, if applicable) (NOTE: Registered Agent signature is required when reissuing) DATE</small>                                                                                                                                                                                                                                                                                                                             |                                                                                                                                         |                                                                       |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                             |  |
| <b>Filing Fee is \$50.00<br/>         Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                         | <b>Make check payable to<br/>         Florida Department of State</b> |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                             |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                         |                                                                       | 10. ADDITIONS/CHANGES                                                                                                                                                                                                                                       |                                                                                                                                                                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PD<br><b>KYES, FORD</b> <input checked="" type="checkbox"/> Delete<br><b>1200-7TH AVE NORTH<br/>         SAINT PETERSBURG, FL 33705</b> |                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                              | <b>Interim Administrative</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Teresa Bradley, M.D. Officer</b><br><b>1200-7th Ave. No.</b><br><b>St. Petersburg, Fl 33705</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | VP<br><b>BRADLEY, TERESA M.D.</b> <input type="checkbox"/> Delete<br><b>1200-7TH AVE NORTH<br/>         SAINT PETERSBURG, FL 33705</b>  |                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D<br><b>TREMONTI, CARL SR</b> <input type="checkbox"/> Delete<br><b>1200-7TH AVE NORTH<br/>         SAINT PETERSBURG, FL 33705</b>      |                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | S<br><b>BEAM, MARLYS</b> <input type="checkbox"/> Delete<br><b>1200-7TH AVE NORTH<br/>         SAINT PETERSBURG, FL 33705</b>           |                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                              | <b>S Beam, Marlys</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Spelling</b>                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                                         |                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                              | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>COO</b><br><b>Ron Colaguori</b><br><b>1200-7th Ave. No.</b><br><b>St. Petersburg, FL 33705</b>                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                                         |                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> 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<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                         |                                                                       |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                             |  |

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