2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Oct 01, 2007
Secretary of State

DOCUMENT# L05000116255

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

Current Principal Place of Business:

1200 SEVENTH AVE N.
ST. PETERSBURG, FL 33705

New Principal Place of Business:

Current Mailing Address:

1200 SEVENTH AVE N.
ST. PETERSBURG, FL 33705

New Mailing Address:

FEI Number: 03-0575868 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRADLEY, TERESA MD
ST ANTHONY'S HOSP.
1200-7TH AVE. NO.
SAINT PETERSBURG, FL 33705 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	PD	( ) Delete
Name:	BRADLEY, TERESA MD	
Address:	1200-7TH AVE NORTH	
City-St-Zip:	SAINT PETERSBURG, FL 33705	
Title:	VP	( ) Delete
Name:	BRADLEY, TERESA M.D.	
Address:	1200-7TH AVE NORTH	
City-St-Zip:	SAINT PETERSBURG, FL 33705	
Title:	D	( ) Delete
Name:	TREMONTI, CARL SR	
Address:	1200-7TH AVE NORTH	
City-St-Zip:	SAINT PETERSBURG, FL 33705	
Title:	S	( ) Delete
Name:	BEAM, MARLYS	
Address:	1200-7TH AVE NORTH	
City-St-Zip:	SAINT PETERSBURG, FL 33705	
Title:	DC	( ) 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:	S	(X) Change ( ) Addition
Name:	ARSENEAU, REBECCA A	
Address:	1200-7TH AVE NORTH	
City-St-Zip:	SAINT PETERSBURG, FL 33705	
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 S 10/01/2007

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