

**2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000116255

**FILED**  
**May 12, 2008**  
**Secretary of State****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:**ULBRICHT, WILLIAM G  
ST ANTHONY'S HOSP.  
1200-7TH AVE. NO.  
SAINT PETERSBURG, FL 33705 US**Name and Address of New Registered Agent:**BRADLEY, M. D., TERESA A  
ST ANTHONY'S HOSP.  
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: TERESA A. BRADLEY, M. D.

05/12/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PD ( ) Delete  
Name: ULBRICHT, WILLIAM G  
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: ARSENEAU, REBECCA A  
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: PD (X) Change ( ) Addition  
Name: BRADLEY, M. D., TERESA A  
Address: 1200-7TH AVE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33705

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

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

S

05/12/2008

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