

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000116255

FILED
Mar 11, 2009
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:

BRADLEY, M. D., TERESA A
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, M. D., TERESA A
Address: 1200-7TH AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: VP () Delete
Name: ULBRICHT, WILLIAM G
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: () Change () Addition
Name:
Address:
City-St-Zip:

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: () 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 ARSENEAU

MS

03/11/2009

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