

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000076056

FILED
Apr 29, 2007
Secretary of State

Entity Name: U.S. MEDICAL GROUP OF TENNESSEE, LLC

Current Principal Place of Business:

1405 S. ORANGE AVE
603
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:
P.O. BOX 560699
ORLANDO, FL 32856-0699

New Mailing Address:

FEI Number: 20-5410981 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINTERS, THOMAS F JR
1405 S. ORANGE AVE
601
ORLANDO, FL 32806 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: MGRM () Delete
Name: WINTERS, THOMAS F JR
Address: 1405 S. ORANGE AVE, STE 601
City-St-Zip: ORLANDO, FL 32806

Title: MGR () Delete
Name: LANGLEY, RICHARD H SR
Address: 1405 S. ORANGE AVE, STE 601
City-St-Zip: ORLANDO, FL 32806

Title: MGR () Delete
Name: THOMPSON, SANDRA L
Address: 1405 S. ORANGE AVE, STE 601
City-St-Zip: ORLANDO, FL 32806

Title: MGR () Delete
Name: ADLER, LEE
Address: 1405 S. ORANGE AVE, STE 601
City-St-Zip: ORLANDO, FL 32806

Title: MGR () Delete
Name: KELAHER, JAMES P
Address: 1405 S. ORANGE AVE, STE 601
City-St-Zip: ORLANDO, FL 32806

Title: MGR () Delete
Name: BAUMANN, BRUCE C
Address: 1405 S. ORANGE AVE, STE 601
City-St-Zip: ORLANDO, FL 32806

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
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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: THOMAS F. WINTERS, JR

MGRM

04/29/2007

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