

# 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 32856-069

**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  
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: THOMAS F. WINTERS, JR

MGRM

04/29/2007

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