

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000076056

FILED  
Feb 21, 2011  
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  
**Name:** WINTERS, THOMAS F JR  
**Address:** 1405 S. ORANGE AVE, STE 601  
**City-St-Zip:** ORLANDO, FL 32806

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

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

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

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

I hereby 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

02/21/2011

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