2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 14, 2007
Secretary of State

DOCUMENT# L06000098389

Entity Name: FLORIDA MEDICAL LIABILITY ASSOCIATES, L.L.C.

Current Principal Place of Business:

2810 WEST ISABEL STREET, SUITE 201
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

2810 WEST ISABEL STREET, SUITE 201
TAMPA, FL 33607

New Mailing Address:

FEI Number: 41-2216148 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GRECO, FRANK J
4047 HENDERSON BLVD.
TAMPA, FL 33629 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: MGR ( ) Delete
Name: MANISCALCO, ANTHONY F
Address: 92722 CHESTERSALL DRIVE
City-St-Zip: TEMPLE TERRACE, FL 33624

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MANISCALCO, ANTHONY F
Address: 13722 CHESTERSALL DRIVE
City-St-Zip: TAMPA, FL 33624

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: ANTHONY F MANISCALCO MGR 08/14/2007

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