

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000048799

FILED
Apr 29, 2009
Secretary of State

Entity Name: TAMPA MEDICAL PAVILION, LLC

Current Principal Place of Business:

118111 NORTH DALE MABRY HWY
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

118111 NORTH DALE MABRY HWY
TAMPA, FL 33618

New Mailing Address:

403 E DR MLK JR BLVD
TAMPA, FL 33603

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: D () Delete
Name: PATEL, NIKI
Address: 2907 SAFE HARBOR DR
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES:

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: NIKI PATEL P 04/29/2009

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