

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000048799

FILED
Apr 28, 2010
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:

11811 NORTH DALE MABRY HWY
TAMPA, FL 33618

Current Mailing Address:

403 E DR MLK JR BLVD
TAMPA, FL 33603

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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
Name: PATEL, NIKI
Address: 2907 SAFE HARBOR DR
City-St-Zip: TAMPA, FL 33618

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: JAY L. ROSEN, M.D. CEO 04/28/2010

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