

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000048805

**FILED**  
**Mar 19, 2012**  
**Secretary of State**

**Entity Name:** TAMPA MEDICAL PAVILION MANAGEMENT, LLC

**Current Principal Place of Business:**

403 E. MARTIN LUTHER KING JR. BLVD.  
TAMPA, FL 33603

**New Principal Place of Business:**

**Current Mailing Address:**

403 E. MARTIN LUTHER KING JR. BLVD.  
TAMPA, FL 33603

**New Mailing Address:**

**FEI Number:** 45-0566662

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RILEY, STEVEN P ESQ  
4805 W. LAUREL ST.  
SUITE 230  
TAMPA, FL 33607 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 MD

CEO

03/19/2012

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