2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2008
Secretary of State

DOCUMENT# L07000079692

Entity Name: UNIVERSITY MEDICAL CLINICS-TPA, LLC

Current Principal Place of Business:

529 SOUTH FLAGLER DRIVE
APT 18G
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

529 SOUTH FLAGLER DRIVE
APT 18G
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 26-0644754 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVENSTEIN, RICHARD H
853 SE MONTEREY COMMONS BLVD
STUART, FL 34996 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 ( ) Delete
Name: SADOW, SAMUEL H
Address: 529 SOUTH FLAGLER DRIVE - 18G
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM ( ) Delete
Name: MANKIEWICZ, BRUNA
Address: 529 SOUTH FLAGLER DRIVE - 18G
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: MANKIEWICZ, JASON T
Address: 7306 SEA PINES COURT
City-St-Zip: PORT6 SAINT LUCIE, FL 34986

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: SAMUEL H. SADOW, MD MGRM 04/27/2008

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