

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000086737

FILED
May 29, 2008
Secretary of State**Entity Name:** MEDI TPA, LLC**Current Principal Place of Business:**167 PALENCIA VILLAGE DRIVE
SUITE 101
SAINT AUGUSTINE, FL 32095 US**New Principal Place of Business:****Current Mailing Address:**167 PALENCIA VILLAGE DRIVE
SUITE 101
SAINT AUGUSTINE, FL 32095 US**New Mailing Address:****FEI Number:** 26-0765926 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**BULLOCK, KRISTIN
167 PALENCIA VILLAGE DRIVE
SUITE 101
SAINT AUGUSTINE, FL 32095 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: BULLOCK, KRISTIN
Address: 167 PALENCIA VILLAGE DRIVE STE 101
City-St-Zip: SAINT AUGUSTINE, FL 32095 US**Title:** MGR (X) Delete
Name: MCCLURE, WILLIAM
Address: 167 PALENCIA VILLAGE DRIVE STE 101
City-St-Zip: SAINT AUGUSTINE, FL 32095 US**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**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: KRISTIN BULLOCK

MGRM

05/29/2008

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