

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000116457

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Entity Name:** MEDICAL SPECIALISTS OF TAMPA BAY, LLC.

**Current Principal Place of Business:**

2228 US 19  
HOLIDAY, FL 34691 US

**New Principal Place of Business:**

35111 US 19  
SUITE 101  
PALM HARBOR, FL 34684 US

**Current Mailing Address:**

2228 US 19  
HOLIDAY, FL 34691 US

**New Mailing Address:**

35111 US 19  
SUITE 101  
PALM HARBOR, FL 34684 US

**FEI Number:** 26-1459885

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CLAMON, CYNTHIA A  
2228 US 19  
HOLIDAY, FL 34691 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: MGR  
Name: AUSLANDER, DAVID S  
Address: 2228 US 19  
City-St-Zip: HOLIDAY, FL 34691 US

Title: MGRM  
Name: LEVINE, GARY  
Address: 35111 US 19  
City-St-Zip: PALM HARBOR, FL 34684

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: GARY LEVINE

MGRM

02/10/2012

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