

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000047666

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Entity Name:** RALPH A. DEMATTEIS, M.D., P.L.

**Current Principal Place of Business:**

1900-72ND AVENUE NORTHEAST  
ST. PETERSBURG, FL 33702 US

**New Principal Place of Business:**

**Current Mailing Address:**

1900-72ND AVENUE NORTHEAST  
ST. PETERSBURG, FL 33702 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

NORMAN, CHRISTOPHER H ESQ.  
315 S. HYDE PARK AVENUE  
TAMPA, FL 33606 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: M/M  
Name: DEMATTEIS, RALPH A  
Address: 1900 72ND AVENUE NORTHEAST  
City-St-Zip: ST. PETERSBURG, FL 33702 US

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: RALPH A DEMATTEIS,MD

MS

04/26/2010

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