

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000049176

**FILED**  
**Sep 17, 2010**  
**Secretary of State**

**Entity Name:** CLEARWATER PHYSICIANS GROUP LLC

**Current Principal Place of Business:**

1420 GULF TO BAY BLVD  
CLEARWATER, FL 33755

**New Principal Place of Business:**

1314 S.FT.HARRISON AVE  
STE B  
CLEARWATER, FL 33756

**Current Mailing Address:**

1420 GULF TO BAY BLVD  
CLEARWATER, FL 33755

**New Mailing Address:**

PO BOX 150038  
ALTAMONTE SPRINGS, FL 32715

**FEI Number:** 26-2636308

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NIMBARGI, STEPHEN  
5450 SANDY RIDGE COURT  
SANFORD, FL 32771 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: NIMBARGI, STEPHEN  
Address: 5450 SANDY RIDGE COURT  
City-St-Zip: SANFORD, FL 32771

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: STEPHEN NIMBARGI

MD

09/17/2010

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