

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000068989

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

**Entity Name:** MARINER PRIMECARE MEDICAL CENTER, LLC

**Current Principal Place of Business:**

7056 MARINER BLVD.  
SPRING HILL, FL 34606

**New Principal Place of Business:**

7056 MARINER BLVD.  
SPRING HILL, FL 34609

**Current Mailing Address:**

1753 W FLETCHER AVE  
TAMPA, FL 33612

**New Mailing Address:**

**FEI Number:** 26-2999255      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

REVELLO, MARTIN  
1753 W. FLETCHER AVE.  
TAMPA, FL 33612 US

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

REVELLO, MARTIN  
1753 W. FLETCHER AVE.  
TAMPA, FL 33612 US

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:

03/17/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: REVELLO, MARTIN R  
Address: 1753 W. FLETCHER AVE  
City-St-Zip: TAMPA, FL 33612

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: MARTIN REVELLO

MGR

03/17/2011

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