2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 29, 2009
Secretary of State

DOCUMENT# L08000084152

Entity Name: FLORIDA MEDICAL PRACTICE, LLC

Current Principal Place of Business:

19323 AUTUMN WOODS AVE.
TAMPA, FL 33647

New Principal Place of Business:

5460 LITHIA PINECREST DR
LITHIA, FL 33547

Current Mailing Address:

19323 AUTUMN WOODS AVE.
TAMPA, FL 33647

New Mailing Address:

19007 BRUCE B DOWNS BLVD
TAMPA, FL 33647

FEI Number: 26-3434706 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, KEITH C ESQ.
121 NORTH COLLINS STREET
PLANT CITY, FL 33563 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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P ( ) Change (X) Addition
Name: SHAH, HEMANT DR
Address: 19007 BRUCE B DOWNS BLVD
City-St-Zip: TAMPA, FL 33647 US

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: HEMANT SHAH P 06/29/2009

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