2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000107897

Address:

City-St-Zip:

13787 BELCHER RD. SOUTH

LARGO, FL 33771

Entity Name: MID-PINELLAS PRIMARY CARE, P.L.

FILED Apr 30, 2009 Secretary of State

04/30/2009

Current Principal Place of Business:			New Principal Place of Business:		
13787 BEL SUITE 100 LARGO, F		OUTH			
Current Mailing Address:			New Mailing Address:		
13787 BEL SUITE 100 LARGO, F		OUTH			
FEI Number	: 26-3778538	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
SUITE 190	RBOUR ISLAI	ND BLVD.			
	named entity e of Florida.	submits this statement for the	ourpose of changing its register	red office or registered agent, or both	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	KIMBERLY A.) Delete DEAN, D.O., P.A. ER RD. SOUTH 3771	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	NICHOLAS Z.) Delete OKESON, DO, PLC ER RD. SOUTH 3771	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MARK C. STIN	ER RD. SOUTH	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	,) Delete WARD, DO, INC.	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: JASON H. HOWARD, DO, INC **MGRM**