

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000107897

FILED
Apr 18, 2011
Secretary of State

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

Current Principal Place of Business:

13787 BELCHER RD. SOUTH
SUITE 100
LARGO, FL 33771

New Principal Place of Business:

Current Mailing Address:

13787 BELCHER RD. SOUTH
SUITE 100
LARGO, FL 33771

New Mailing Address:

FEI Number: 26-3778538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALDER, LYNNE
777 S. HARBOUR ISLAND BLVD.
SUITE 190
TAMPA, FL 33602 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: MGRM
Name: KIMBERLY A. DEAN, D.O., P.A.
Address: 13787 BELCHER RD. SOUTH
City-St-Zip: LARGO, FL 33771

Title: MGRM
Name: NICHOLAS Z. OKESON, DO, PLC
Address: 13787 BELCHER RD. SOUTH
City-St-Zip: LARGO, FL 33771

Title: MGRM
Name: MARK C. STINE, DO, PA
Address: 13787 BELCHER RD. SOUTH
City-St-Zip: LARGO, FL 33771

Title: MGRM
Name: JASON H. HOWARD, DO, INC.
Address: 13787 BELCHER RD. SOUTH
City-St-Zip: LARGO, FL 33771

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: NICHOLAS Z. OKESON, D.O.

MGRM

04/18/2011

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