

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000089799

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Entity Name:** TEMPLE TERRACE MEDICAL DIRECTOR, LLC

**Current Principal Place of Business:**

3450 E. FLETCHER AVE., STE. 310  
TAMPA, FL 33613

**New Principal Place of Business:**

**Current Mailing Address:**

3450 E. FLETCHER AVE., STE. 310  
TAMPA, FL 33613

**New Mailing Address:**

**FEI Number:** 30-0586239      **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:**

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

FLEMING, LINDA L ESQ  
BUCHANAN INGERSOLL & ROONEY PC  
401 EAST JACKSON STREET, SUITE 2500  
TAMPA, FL 33602 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGMR  
**Name:** ALVERANGA, DENISE M.D.  
**Address:** 3450 E. FLETCHER AVE., STE. 310  
**City-St-Zip:** TAMPA, FL 33613 US

**Title:** MGMR  
**Name:** WEINSTEIN, SAMUEL S M.D.  
**Address:** 3450 E. FLETCHER AVE., STE. 310  
**City-St-Zip:** TAMPA, FL 33613 US

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: SAMUEL S. WEINSTEIN, M.D.

MGMR

05/03/2010

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