

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000036661

**FILED**  
**Jun 12, 2012**  
**Secretary of State**

**Entity Name:** MEDICAL ASSOCIATES OF TAMPA BAY, LLC

**Current Principal Place of Business:**

7641 NOTTINGHILL SKY DR  
APOLLO BEACH, FL 33572 US

**New Principal Place of Business:**

6150 N. U.S. HWY. 41  
APOLLO BEACH, FL 33572 US

**Current Mailing Address:**

7641 NOTTINGHILL SKY DR  
APOLLO BEACH, FL 33572 US

**New Mailing Address:**

**FEI Number:** 61-1651537      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

NOE, SASHA N DO, PHD  
7641 NOTTINGHILL SKY DR  
APOLLO BEACH, FL 33572 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:** MGR  
**Name:** NOE, SASHA N DO, PHD  
**Address:** 7641 NOTTINGHILL SKY DR  
**City-St-Zip:** APOLLO BEACH, FL 33572

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: SASHA N. NOE

DR.

06/12/2012

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