

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000083388

**FILED**  
**Sep 26, 2012**  
**Secretary of State**

**Entity Name:** THE MEDICAL OFFICES OF SANTO STEVEN BIFULCO MD PLLC

**Current Principal Place of Business:**

700 SOUTH HARBOUR ISLAND BLVD.  
UNIT 339  
TAMPA, FL 33602 US

**New Principal Place of Business:**

1502 WEST FLETCHER AVE.  
SUITE 107  
TAMPA, FL 33612 US

**Current Mailing Address:**

700 SOUTH HARBOUR ISLAND BLVD.  
UNIT 339  
TAMPA, FL 33602 US

**New Mailing Address:**

1502 WEST FLETCHER AVE.  
SUITE 107  
TAMPA, FL 33612 US

**FEI Number:** 45-2790475

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAK COURT  
SUITE A  
TAMPA, FL 33612 US

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

NEUROMUSCULAR MEDICAL CENTERS OF FLORIDA,  
1502 WEST FLETCHER AVE  
SUITE 107  
TAMPA, FL 33612 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:** SANTO STEVEN BIFULCO, MD

09/26/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** DR.  
**Name:** BIFULCO, SANTO S  
**Address:** 1502 WEST FLETCHER AVE, SUITE 107  
**City-St-Zip:** TAMPA, FL 33612 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:** SANTO STEVEN BIFULCO MD

DR.

09/26/2012

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