

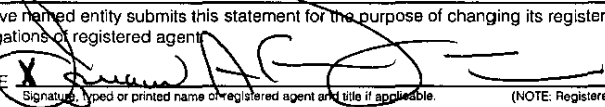
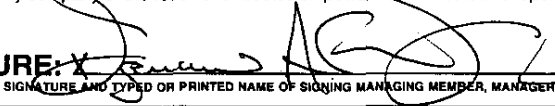


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90074 023 ****50.00

DOCUMENT # L99000003024 1. Entity Name TAMPA BAY MEDICAL INVESTMENT, LLC					
Principal Place of Business 811-B CYPRESS VILLAGE BOULEVARD RUSKIN, FL 33573			Mailing Address 811-B CYPRESS VILLAGE BOULEVARD RUSKIN, FL 33573		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3588800	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
<div style="display: flex; justify-content: space-between;"> 01062004 Chg-LLC CR2E083 (10/03)  </div>					
6. Name and Address of Current Registered Agent FERRAS, IGNACIO 4806 LONDONDERRY DRIVE TAMPA, FL 33647			7. Name and Address of New Registered Agent Name Ferras, Ignacio Street Address (P.O. Box Number is Not Acceptable) 5004 W. San Jose Street City Tampa FL Zip Code 33629		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 1/7/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERRAS, IGNACIO 4806 LONDONDERRY DRIVE TAMPA, FL 33647	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERRAS, IGNACIO 5004 W. San Jose St. Tampa, FL 33629	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  1/7/04 813-633-3396 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

OWENS LAW GROUP, P.A.

Attachment

V. Jean Owens, Esquire
Kira L. Brallier, Esquire

Main Office: 811-B Cypress Village Blvd.
Ruskin, FL 33573
Conference Room: 550 North Reo Street, Suite 300
Tampa, FL 33609

January 12, 2004

Division of Corporations
P.O. Box 6498
Tallahassee, FL 32314

RE: 2004 UBR Reports

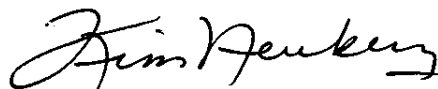
Dear Sir or Madam:

Enclosed please find the 2004 Limited Liability Annual Report and associated filing fees for Tampa Bay Medical Investments, LLC, document number L99000003024.

Should you have any questions please do not hesitate to contact me directly at 813-634-7038.

Very truly yours,

OWENS LAW GROUP, P.A.



Kim Newberry
Paralegal/Administrator

KN/bms

E:\PROBATE\01 KIM\Firm Corr\FDofS2004b.wpd

CM/RRR/7003 0500 0000 1953 6072