

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004640

FILED
Feb 19, 2007
Secretary of State

Entity Name: TALLAHASSEE MEDICAL PARTNERS, LLC

Current Principal Place of Business:

401 PENNSYLVANIA PARKWAY
INDIANAPOLIS, IN 46280

New Principal Place of Business:

Current Mailing Address:

401 PENNSYLVANIA PARKWAY
INDIANAPOLIS, IN 46280

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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 () Delete
Name: LAUTH, ROBERT L JR.
Address: 401 PENNSYLVANIA PARKWAY
City-St-Zip: INDIANAPOLIS, IN 46280

Title: MGR () Delete
Name: GURNIK, GREGORY C
Address: 401 PENNSYLVANIA PARKWAY
City-St-Zip: INDIANAPOLIS, IN 46280

Title: MGR () Delete
Name: PALMER, LAWRENCE B
Address: 401 PENNSYLVANIA PARKWAY
City-St-Zip: INDIANAPOLIS, IN 46280

Title: MGR () Delete
Name: CURLESS, MICHAEL S
Address: 401 PENNSYLVANIA PARKWAY
City-St-Zip: INDIANAPOLIS, IN 46280

Title: MGR () Delete
Name: PECK, THOMAS K
Address: 401 PENNSYLVANIA PARKWAY
City-St-Zip: INDIANAPOLIS, IN 46280

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: LAWRENCE B PALMER

MGR

02/19/2007

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