2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008
Secretary of State

DOCUMENT# M06000004640

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 EXEUCTIVE 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 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 03/31/2008

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