2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000005387

Entity Name: CIPROMS SOUTH, LLC

Name:

Address:

City-St-Zip:

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 12479 TELECOM DRIVE TAMPA, FL 33637 **Current Mailing Address: New Mailing Address:** 12479 TELECOM DRIVE TAMPA, FL 33637 FEI Number: 26-0706989 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LANDERVILLE, ANDRE M.D. ELLIS, PHILLIP 12479 TELECÓM DRIVE 12479 TELECOM DRIVE TAMPA, FL 33637 TAMPA, FL 33637 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: PHILLIP ELLIS 04/15/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: MGR () Delete (X) Change () Addition BICK, STEWART LANDREVILLE, ANDRE MD Name: Name: 3600 WOODVIEW TRACE, 4TH FLOOR Address: 12479 TELECOM DR Address: City-St-Zip: INDIANAPOLIS, IN 46268 City-St-Zip: TAMPA, FL 33637 Title: MGR Title: MGR (X) Change () Addition () Delete HOSTETTER, MICHAEL Name: RUFF, SHAWN Name: Address: 3600 WOODVIEW TRACE, 4TH FLOOR Address: 12479 TELECOM DR City-St-Zip: INDIANAPOLIS, IN 46268 City-St-Zip: TAMPA, FL 33637 Title: MGR () Delete Title: MGR (X) Change () Addition LOUKS, CHERYL MCCORMICK, ANN Name: Name: 3600 WOODVIEW TRACE, 4TH FLOOR Address: Address: 12479 TELECOM DR City-St-Zip: INDIANAPOLIS, IN 46268 City-St-Zip: TAMPA, FL 33637 Title: MGR () Delete Title: () Change () Addition ELLIS, PHILLIP Name: Name: 3600 WOODVIEW TRACE, 4TH FLOOR Address: Address: City-St-Zip: INDIANAPOLIS, IN 46268 City-St-Zip: Title: () Delete Title: MGR () Change (X) Addition Name: Name: BICK, STEWART MD 3600 WOODVIEW TRACE, 4TH FLOOR Address: Address: City-St-Zip: City-St-Zip: INDIANAPOLIS, IN 46268 Title: () Delete Title: () Change (X) Addition

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.

Name:

Address:

City-St-Zip:

HOSTETTER, MICHAEL MD

INDIANAPOLIS, IN 46268

3600 WOODVIEW TRACE, 4TH FLOOR

SIGNATURE: ANDRE LANDREVILLE, MD MGR 04/15/2009

2008 Annual Report Ciproms South - FEIN#26-0706989 Document # M0700005387

Additional MGR/Members

MGRM Todd Yonteck, MD, 12479 Telecom Drive Tampa, FL 33637

MGRM Cheryl Louks, 3600 Woodview Trace, 4th Floor Indianapolis, IN 46268