

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000031455

**Entity Name:** PASADENA FAMILY MEDICAL ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

630 PASADERA AVE. SOUTH  
SAINT PETERSBURG, FL 33707

**Current Mailing Address:**

630 PASADERA AVE. SOUTH  
SAINT PETERSBURG, FL 33707

**FEI Number:** 01-0755134

**Certificate of Status Desired:** No

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

ESPOSITO, THOMAS E  
630 PASADENA AVE S  
ST. PETERSBURG, FL 33707 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name ESPOSITO, THOMAS EM.D.  
Address 630 PASADERA AVE. SOUTH  
City-State-Zip: SAINT PETERSBURG FL 33707

Title MGR  
Name MURRAY, JOHN VM.D.  
Address 630 PASADERA AVE. SOUTH  
City-State-Zip: SAINT PETERSBURG FL 33707

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS ESPOSITO

**MANAGER**

**04/06/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date