

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000043689

**FILED  
Jan 14, 2009  
Secretary of State**

**Entity Name:** PALMS OF PASADENA PHYSICIANS, LLC

**Current Principal Place of Business:**

3107 STIRLING ROAD  
SUITE 300  
FORT LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

3107 STIRLING ROAD  
SUITE 300  
FORT LAUDERDALE, FL 33312

**New Mailing Address:**

**FEI Number:** 54-2127927      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** (X)

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** MGRM ( ) Delete  
**Name:** SCHILLINGER, JEFFREY P  
**Address:** 3107 STIRLING ROAD, SUITE 300  
**City-St-Zip:** FORT LAUDERDALE, FL 33312

**ADDITIONS/CHANGES:**

**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: JEFFREY SCHILLINGER

MGRM

01/14/2009

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