

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086616

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** PHYSICIAN PARTNERS OF GREATER ORLANDO, LLC

**Current Principal Place of Business:**

1555 HOWELL BRANCH RD  
212  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

483 N. SEMORAN BLVD  
SUITE 204  
WINTER PARK, FL 32792

**New Mailing Address:**

483 N. SEMORAN BLVD  
SUITE 205  
WINTER PARK, FL 32792

**FEI Number:** 20-3412766

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MIKE BARRETT  
1555 HOWELL BRANCH RD  
212  
WINTER PARK, FL 32789 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: DJB INVESTMENTS, LLC,  
Address: 483 N. SEMORAN BLVD., SUITE 204  
City-St-Zip: WINTER PARK, FL 32792

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DJB INVESTMENTS, LLC,  
Address: 483 N. SEMORAN BLVD., SUITE 205  
City-St-Zip: WINTER PARK, FL 32792

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: DARRELL BENGE

CFO

04/30/2008

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