2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# L06000013365

Entity Name: PHYSICIAN CARE GROUP, LLC

Current Principal Place of Business:

3500 N.W. 17TH AVE.
MIAMI, FL 33142

New Principal Place of Business:

9240 SW 72ND STREET
241
MIAMI, FL 33173

Current Mailing Address:

10445 S.W. 128TH TERRACE
MIAMI, FL 33176

New Mailing Address:

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

Name and Address of Current Registered Agent:

CAMILO E. LOPEZ, P.A.
10455 S.W. 128TH TERRACE
MIAMI, FL 33176 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:	CAMILO E. LOPEZ P.A.,	
Address:	10445 S.W. 128TH TERRACE	
City-St-Zip:	MIAMI, FL 33146	
Title:	MGRM	( ) Delete
Name:	MENDEZ-MULET, LUIS M.D.	
Address:	10445 S.W. 128TH TERRACE	
City-St-Zip:	MIAMI, FL 33146	
Title:	MGRM	( ) Delete
Name:	PALMEROLA, RAFAEL A M.D.	
Address:	10445 S.W. 128TH TERRACE	
City-St-Zip:	MIAMI, FL 33146	

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:	

I hereby certify that the information supplied with this filing does not qualify for the 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: CAMILO E. LOPEZ MGRM 04/24/2007

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