

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jan 04, 2011
Secretary of State

Entity Name: PHYSICIANS HEALTH CARE SYSTEMS, LLC

Current Principal Place of Business:

7800 WEST OAKLAND PARK BLVD.
E-214
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

7800 WEST OAKLAND PARK BLVD.
E-214
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 20-8136560 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DI CAPUA, JOSEPH J
7800 WEST OAKLAND PARK BLVD.
E-214
SUNRISE, FL 33351 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
Name: DI CAPUA, JOSEPH J
Address: 7800 W OAKLAND PARK BLVD, E-214
City-St-Zip: SUNRISE, FL 33351 US

Title: MGR
Name: GONZALEZ, MANUEL M.D.
Address: 7800 W OAKLAND PARK BLVD. E 214
City-St-Zip: SUNRISE, FL 33351 US

Title: MGR
Name: SMETS, MICHAEL A M.D.
Address: 7800 W OAKLAND PARK BLVD. E214
City-St-Zip: SUNRISE, FL 33351 US

I hereby 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: JOSEPH J DI CAPUA MGRM 01/04/2011

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