2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# L98000000657

Entity Name: PRIMARY CARE SPECIALISTS OF THE PALM BEACHES, L.C.

Current Principal Place of Business:

C/O MIGUEL G. FARRA
1001 BRICKELL BAY DRIVE 9TH FLOOR
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

C/O MIGUEL G. FARRA
1001 BRICKELL BAY DRIVE 9TH FLOOR
MIAMI, FL 33131

New Mailing Address:

FEI Number: 65-0837261 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLEIN, BRENT D
801 BRICKELL AVE., SUITE 1901
MIAMI, FL 33131 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: CEULEERS, BARBARA
Address: 1590 S. CONGRESS AVE.
City-St-Zip: WEST PALM BEACH, FL 33406

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 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: BARBARA CEULEERS MGR 04/24/2007

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