

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000006752

FILED
Apr 30, 2008
Secretary of State

Entity Name: PHYSICIANS DEVELOPMENT, L.C.

Current Principal Place of Business:

930 SOUTH HARBOR CITY BLVD.
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

930 SOUTH HARBOR CITY BLVD.
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-3605391

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KANCILIA, JOHN R
1686 WEST HIBISCUS BLVD.
MELBOURNE, FL 32901 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: LENOCI, MARTIN A
Address: 930 SOUTH HARBOR CITY BLVD.
City-St-Zip: MELBOURNE, FL 32901

Title: MGR () Delete
Name: WASSELLE, JOSEPH MD
Address: 930 SOUTH HARBOR CITY BLVD.
City-St-Zip: MELBOURNE, FL 32901

Title: MGR () Delete
Name: SLOMIN, GLENN DO
Address: 930 SOUTH HARBOR CITY BLVD.
City-St-Zip: MELBOURNE, FL 32901

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 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: MARTIN LENOCI

MGR

04/30/2008

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