

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005218

FILED
Apr 21, 2004
Secretary of State

Entity Name: OCSF PHYSICIANS, L.L.C.

Current Principal Place of Business:

600 SOUTH PINE ISLAND BLVD, SUITE 300
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

600 SOUTH PINE ISLAND BLVD, SUITE 300
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 65-1011736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZISKIND & ARVIN, P.A.
444 BRICKELL AVENUE
SUITE 400
MIAMI BEACH, FL 33131 US

Name and Address of New Registered Agent:

GOLDSTEIN, ZUGMAN, WEINSTEIN & POOLE
13450 WEST SUNRISE BLVD
SUITE 150
SUNRISE, FL 33323 US

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: HOWARD HAMMER, CPA

04/21/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: JACOBS, STEVEN MD
Address: 600 SOUTH PINE ISLAND RD SUITE 300
City-St-Zip: PLANTATION, FL 33324

Title: MGRM () Delete
Name: BERKOWITZ, BRUCE MD
Address: 600 S. PINE ISLAND RD. SUITE 300
City-St-Zip: PLANTATION, FL 33324

Title: MGRM () Delete
Name: CHAYET, BRAD MD
Address: 600 S. PINE ISLAND RD. SUITE 300
City-St-Zip: PLANTATION, FL 33324

Title: MGRM () Delete
Name: CUMMINGS, PHILIP MD
Address: 600 S. PINE ISLAND RD. SUITE 300
City-St-Zip: PLANTATION, FL 33324

Title: MGRM () Delete
Name: JAROLEM, KENNETH MD
Address: 600 S. PINE ISLAND RD. SUITE 300
City-St-Zip: PLANTATION, FL 33324

Title: MGRM () Delete
Name: SIMON, RICHARD
Address: 600 S. PINE ISLAND RD. SUITE 300
City-St-Zip: PLANTATION, FL 33324

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:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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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 Section 119.07(3)(i), 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: STEPHEN J. JACOBS, MD

DR

04/21/2004

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