

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000112720

Entity Name: PHYSICIANS HEALTHCARE SYSTEMS, LLC

Current Principal Place of Business:

7900 NOVA DRIVE
SUITE 103
DAVIE, FL 33324

Current Mailing Address:

7900 NOVA DRIVE
SUITE 103
DAVIE, FL 33324 US

FEI Number: 20-8136560

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GBBPL REGISTERED AGENTS, LLC
100 ALMERIA AVE
SUITE 340
CORAL GABLES, FL 33134 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: DALE S BERGMAN

05/01/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title RA
Name MJM BUSINESS ENTERPRISES, INC.
Address 7900 NOVA DRIVE
SUITE 103
City-State-Zip: DAVIE FL 33324

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DR. MANUEL GONZALEZ

05/01/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date