2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000005218

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

FILED Apr 29, 2005 8:00 am Secretary of State 04-29-2005 90067 019 ***150.00

Principal Place	e of Business	Mailing Address	Mailing Address			t I					
600 SOUTH PINE ISLAND BLVD, SUITE 300 PLANTATION, FL 33324		600 SOUTH PINE ISLAND BLVD, SUITE 300 PLANTATION, FL 33324			14011914						
								II a ana d a an gara		YA HERI MARI IN	(f) # (f)
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04252005	Chg	g-LLC	CR2E0	83 (10/03)	
City & State		City & State	City & State			4. FEI Numb				— ——	plied For
Zip	Country	Zip	ntry		Certificate of Status Desired						
	6. Name and Address of Current	Registered Agent				7. Name an	Addre	ss of New Re	gistered A	\gent	
				Name							
13450 WES SUITE 150		POOLE	OLE Street Address			(P.O. Box Number is Not Acceptable)					
SUNRISE,	FL 33323										\
				City					FL	Zip Code	•
	named entity submits this statement for	or the purpose of changing it	s register	ed office or r	register	red agent, or be	th, in th	e State of Flo	rida. Tam I	amiliar with,	and accept
SIGNATURE .	Signature hyped or criminal name of registered agent	100	VE D								
	and mind. About a function raine or reflixibles added	and the in physicative (Mo	rr. Neurotere	d Agent signature	e required	when reinstating)			DATE		
	ling Fee is \$50.00 ue by May 1, 2005	1							check p Departm	ayable to ent of State	•
9.	MANAGING MEMBI	RS/MANAGERS	10.					ADDITIONS/	CHANGES		
TITLE	MGRM	☐ Defete	TITL	E	MGR					☐ Change	Addition
NAME	JACOBS, STEVEN MD			- 1	Rol	nick, A	udie	M. Tāland	Dood	Cuite	200
STREET ADDRESS CITY-ST-ZIP	600 SOUTH PINE ISLAND RD S PLANTATION, FL 33324	5U11E 300		EET ADDRESS '-ST-ZIP		ntation			KOAG	Surce	200
TITLE	MGRM	☐ Delete	TITL	- +	гда	ntation	<u>, FL</u>	33324		☐ Change	Addition
NAME	BERKOWITZ, BRUCE MD	C perere	NAM							Cribings	
STREET ADDRESS			EET ADDRESS							ľ	
CiTY+S1+ZIP			'-ST-ZIP								
INTLE	MGRM	Detete	TITL	i i						☐ Change	☐ Addition
NAME CIDELT ADOREDO	CHAYET, BRAD MD 600 S. PINE ISLAND RD. SUITE	200	NAM	ME EET ADORESS							İ
STREET ADDRESS CITY+ST-ZIP	PLANTATION, FL 33324			(-ST-ZIP							
TITLE	MGRM	☐ Delete	TITL							Change	☐ Addition
NAME	CUMMINGS, PHILIP MD		NAM	1							
STREET ADDRESS	600 S. PINE ISLAND RD. SUITE	300	STRE	EET ADDRESS							
C!TY-ST-ZIP	PLANTATION, FL 33324		CITY	/-ST-ZIP							
TITLE	MGRM	☐ Delete	TITL							Change	Addition
NAME STREET ADDRESS	JAROLEM, KENNETH MD 600 S. PINE ISLAND RD, SUITE	200	NAM	AE EET ADDRESS							
CITY-ST-ZIP	PLANTATION, FL 33324	300		Y-ST-ZIP							
FITLE	MGRM	☐ Delete	FITL							☐ Change	Addition
NAME	SIMON, RICHARD	_ Leest	NAM							Onorigo	
STREET ADURESS	600 S. PINE ISLAND RD. SUITE	3 00€	STR	EET ADDRESS							
CITY S! VIP	PLANTATION, FL 33324		CITY	Y ST-ZIP							
11. I hereby of indicated limited lies	certily that the information supplied wit on this report is true and accurate and ibility company or the receiver or trust	h this living does not qualify that on significant shall have	for the exercise the same	emption state	ed in Se as if r	ection 119.07(3 made under oa)(i), Flori th; that I	da Statutes. I am a manag	further cer ing membe	tify that the in er or manage	nformation or of the

SIGNATURE: V
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Stephen J. Jacobs, MD

April 25, 2005

Daytime Phone #