2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006
Secretary of State

DOCUMENT# L00000005218

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:

GOLDSTEIN, ZUGMAN, WEINSTEIN & POOLE
13450 WEST SUNRISE BLVD
SUITE 150
SUNRISE, FL 33323 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:	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
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 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: STEPHEN J. JACOBS MGRM 04/24/2006

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