

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005218

FILED  
Jan 11, 2008  
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:

600 SOUTH PINE ISLAND ROAD  
SUITE 300  
PLANTATION, FL 33324

## Current Mailing Address:

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

## New Mailing Address:

600 SOUTH PINE ISLAND ROAD  
SUITE 300  
PLANTATION, FL 33324

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 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, MD

MGRM

01/11/2008

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