


# 2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 FEB -8 AM 10:30

|   |   |                                 |  |   |  |
|---|---|---------------------------------|--|---|--|
| <b>DOCUMENT # L00000007465</b><br>1. Entity Name<br>NETWORK PHYSICIAN SERVICES, LLC   |   |                                 |  |    |  |
| Principal Place of Business<br>1575 SAN IGNACIO AVENUE<br>STE. 400<br>CORAL GABLES, FL 33146  |   |                                 | Mailing Address<br>1575 SAN IGNACIO AVENUE<br>STE. 400<br>CORAL GABLES, FL 33146 |   |  |
| 2. Principal Place of Business  |   | 3. Mailing Address              |  |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.             |  |   |  |
| City & State  |   | City & State                    |  | 4. FEI Number<br>65-1017431   |  |
| Zip   |   | Country                         |  | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent   |   |                                 |  | 7. Name and Address of New Registered Agent   |  |
| METSCH, BENJAMIN<br>1455 NW 14TH STREET<br>MIAMI, FL 33126  |   |                                 |  | Name<br>DENES, GREG<br>Street Address (P.O. Box Number is Not Acceptable)<br>14255 U.S.Highway One, Ste. 243<br>City Juno Beach FL Zip Code 33408 |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.   |   |                                 |  |   |  |
| SIGNATURE _____ DATE 12/9/04<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |                                 |  |   |  |
| <b>Amended AR is \$50.00</b>  |   |                                 | <b>Make check payable to<br/>Florida Department of State</b>                     |   |  |
| 9. MANAGING MEMBERS/MANAGERS  |   |                                 | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>METSCH, BENJAMIN<br>1455 NW 14TH STREET<br>MIAMI, FL 33125 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | CANTILLO, JULIAN<br>1575 San Ignacio Avenue, Ste.400<br>Miami, FL 33146   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | 400047047104<br>02/22/05--01035--024 **2250.00  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 11. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ DATE 11/24/04 DAYTIME PHONE # 305 970-0443<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   |                                 |  |   |  |