2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# L00000007465

Entity Name: NETWORK PHYSICIAN SERVICES, LLC

Current Principal Place of Business:

1575 SAN IGNACIO AVENUE
STE. 400
CORAL GABLES, FL 33146

New Principal Place of Business:

7220 NW 36 STREET
SUITE 103
MIAMI, FL 33166

Current Mailing Address:

1575 SAN IGNACIO AVENUE
STE. 400
CORAL GABLES, FL 33146

New Mailing Address:

7220 NW 36 STREET
SUITE 103
MIAMI, FL 33166

FEI Number: 65-1017431 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DENES, GREG
14255 U.S. HIGHWAY ONE
SUITE 243
JUNO BEACH, FL 33408 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: MGR ( ) Delete
Name: CANTILLO, JULIAN
Address: 1575 SAN IGNACO AVENUE, SUITE 400
City-St-Zip: MIAMI, FL 33146 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CANTILLO, JULIAN
Address: 7220 NW 36 STREET , SUITE 103
City-St-Zip: MIAMI, FL 33166 US

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: JULIAN CANTILLO MGR 04/30/2007

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