

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000012468

Entity Name: PA MANAGEMENT LLC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

550 E. STATE ROAD 434
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

550 E. STATE ROAD 434
LONGWOOD, FL 32750 US

New Mailing Address:

FEI Number: 59-3680839

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ARNOLD, MATHENY & EAGAN, P.A.
605 E ROBINSON ST, STE 730
ORLANDO, FL 32801 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: BUHRING, DENNIS
Address: 550 E. STATE ROAD 434
City-St-Zip: LONGWOOD, FL 32750 US

Title: MGR () Delete
Name: POPAT, VIPIN M.D.
Address: 550 E. STATE ROAD 434
City-St-Zip: LONGWOOD, FL 32750 US

Title: MGR () Delete
Name: BOWLES, ROBERT M.D.
Address: 550 E. STATE ROAD 434
City-St-Zip: LONGWOOD, FL 32750 US

Title: MGR () Delete
Name: WALKER, ERIK M.D.
Address: 550 E. STATE ROAD 434
City-St-Zip: LONGWOOD, FL 32750 US

Title: MGR () Delete
Name: PELTESON, HOWARD M.D.
Address: 550 E. STATE ROAD 434
City-St-Zip: LONGWOOD, FL 32750 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DUGGAN, ROBERT M.D.
Address: 550 E. STATE ROAD 434
City-St-Zip: LONGWOOD, FL 32750 US

Title: MGR (X) Change () Addition
Name: CAGGIANO, CHRISTOPHER M.D.
Address: 550 E. STATE ROAD 434
City-St-Zip: LONGWOOD, FL 32750 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: ROTHWELL, GARY M.D.
Address: 550 E. STATE ROAD 434
City-St-Zip: LONGWOOD, FL 32750 US

Title: MGR (X) Change () Addition
Name: JANOUSKY, STUART M.D.
Address: 550 E. STATE ROAD 434
City-St-Zip: LONGWOOD, FL 32750 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: DENNIS J. BUHRING

MGRM

04/28/2009

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