

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000013931**

**1. Entity Name**  
**PHYSICIAN CONSORTIUM SERVICES, L.L.C.**



**Principal Place of Business**

**3191 CORAL WAY  
SUITE 303  
MIAMI, FL 33145**

**Mailing Address**

**3191 CORAL WAY  
SUITE 303  
MIAMI, FL 33145**



01122006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**65-1134280**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ARMAS, JOSE J MD  
3191 CORAL WAY  
SUITE 303  
MIAMI, FL 33145**

**DO NOT WRITE  
IN THIS SPACE**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**P**  
**ARMAS, JOSE J MD**  
**3191 CORAL WAY STE 303**  
**MIAMI, FL 33145**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

1117000447558  
03/08/06 80063-006 50.00

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IN THIS SPACE**

**11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #