

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 13, 2007 8:00 am**  
**Secretary of State**

02-13-2007 90057 007 \*\*\*\*50.00

**DOCUMENT # L00000013931**

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



Principal Place of Business

3191 CORAL WAY 4960 SW 72nd Ave  
SUITE 303 Ste #304  
MIAMI, FL 33145 Miami FL 33155  
New address

Mailing Address

3191 CORAL WAY 4960 SW 72nd Ave  
SUITE 303 Ste #304  
MIAMI, FL 33145 Miami FL 33155  
New address



01082007 No 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 4960 SW 72nd Ave #304  
SUITE 303 Ste #304  
MIAMI, FL 33145 Miami FL 33155  
New address

**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 reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	ARMAS, JOSE J MD
STREET ADDRESS	3191 CORAL WAY STE 303
CITY-ST-ZIP	MIAMI, FL 33145 New address
TITLE	
NAME	4960 SW 72nd Ave
STREET ADDRESS	Ste 304
CITY-ST-ZIP	Miami FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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 608, Florida Statutes.

**SIGNATURE:**

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

Date

Daytime Phone #

2/2/07 305661-1161