


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90066 036 ***138.75

DOCUMENT # L00000013931					
1. Entity Name PHYSICIAN CONSORTIUM SERVICES, L.L.C.					
Principal Place of Business 4960 SW 72ND AVE SUITE 304 MIAMI, FL 33155			Mailing Address 4960 SW 72ND AVE SUITE 304 MIAMI, FL 33155		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. 209		Suite, Apt. #, etc. 209			
City & State		City & State		4. FEI Number 65-1134280	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ARMAS, JOSE J MD 4960 SW 72ND AVE #304 MIAMI, FL 33155			7. Name and Address of New Registered Agent Name <u>Jose Armas</u> Street Address (P.O. Box Number is Not Acceptable) <u>4960 SW 72 AVE #209</u> City <u>Miami</u> <u>FL</u> Zip Code <u>33155</u>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARMAS, JOSE J MD 4960 SW 72ND AVE STE 304 MIAMI, FL 33155	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	209	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date				Daytime Phone #	