

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000013931

FILED  
Feb 05, 2009  
Secretary of State

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

**Current Principal Place of Business:**

4960 SW 72ND AVE  
SUITE 209  
MIAMI, FL 33155

**New Principal Place of Business:**

4960 SW 72ND AVE  
SUITE 308  
MIAMI, FL 33155

**Current Mailing Address:**

4960 SW 72ND AVE  
SUITE 209  
MIAMI, FL 33155

**New Mailing Address:**

4960 SW 72ND AVE  
SUITE 308  
MIAMI, FL 33155

**FEI Number:** 65-1134280

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARMAS, JOSE J MD  
4960 SW 72ND AVE #209  
MIAMI, FL 33155 US

**Name and Address of New Registered Agent:**

ARMAS, JOSE J MD  
4960 SW 72ND AVE #308  
MIAMI, FL 33155 US

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:

02/05/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: ARMAS, JOSE J MD  
Address: 4960 SW 72ND AVE STE 207  
City-St-Zip: MIAMI, FL 33155

**ADDITIONS/CHANGES:**

Title: P (X) Change ( ) Addition  
Name: ARMAS, JOSE J MD  
Address: 4960 SW 72ND AVE STE 308  
City-St-Zip: MIAMI, FL 33155

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: OFELIA ALVAREZ

MGRM

02/05/2009

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