

**2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L00000016116

**FILED**  
**Oct 10, 2006**  
**Secretary of State****Entity Name:** PERSONALIZED PHYSICIAN CARE, LLC**Current Principal Place of Business:**1890 SOUTHWEST HEALTH PARKWAY  
SUITE 203  
NAPLES, FL 34109**New Principal Place of Business:****Current Mailing Address:**18 WOODSIDE DRIVE  
NEW CITY, NY 10956**New Mailing Address:****FEI Number:** 59-3689214**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**NOVATT, JEFF M ESQ.  
C/O CHEFFY PASSIDOMO WILSON & JOHNSON  
821 FIFTH AVE. SOUTH, STE. 201  
NAPLES, FL 34102 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: MGRM ( ) Delete  
Name: AMERICAN HEALTH CAPI, TAL INC  
Address: 745 WILLOWHEAD DR.  
City-St-Zip: NAPLES, FL 34103

Title: MGRM (X) Delete  
Name: KRAVIS, RICHARD M  
Address: 1890 SOUTHWEST HEALTH PARKWAY, SUITE 203  
City-St-Zip: NAPLES, FL 34109

Title: MGRM (X) Delete  
Name: RAW VENTURES LLC,  
Address: 2138 NEWPORT PLACE NW  
City-St-Zip: WASHINGTON, DC 20037

Title: SVP (X) Delete  
Name: TAYLOR, ROBERT W  
Address: 18 WOODSIDE DRIVE  
City-St-Zip: NEW CITY, NY 10956

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PERSONALIZED PHYSICI, AN CARE, INC.  
Address: 1890 SOUTHWEST HEALTH PARKWAY, SUITE 203  
City-St-Zip: NAPLES, FL 34109

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS W. REED

MGRM

10/10/2006

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