2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008
Secretary of State

DOCUMENT# L00000016116

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:

1890 SOUTHWEST HEALTH PARKWAY
SUITE 203
NAPLES, FL 34109

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: PERSONALIZED PHYSICI, AN CARE, INC.
Address: 1890 SOUTHWEST HEALTH PARKWAY, SUITE 203
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES:

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

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: THOMAS W. REED MGRM 04/11/2008

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