2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2011
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:

1890 SOUTHWEST HEALTH PARKWAY
SUITE 203
NAPLES, FL 34109

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.
821 FIFTH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

NOVATT, JEFF M ESQ.
821 FIFTH AVENUE SOUTH
NAPLES, FL 34102 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: JEFF M. NOVATT, ESQ. 04/28/2011
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: PERSONALIZED PHYSICIAN CARE, INC.
Address: 1890 SOUTHWEST HEALTH PARKWAY, SUITE 203
City-St-Zip: NAPLES, FL 34109

I hereby 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 Statues.

SIGNATURE: THOMAS W. REED MGRM 04/28/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date