

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013265

FILED  
Apr 24, 2009  
Secretary of State

**Entity Name:** PALM BAY PHYSICIANS MANAGEMENT COMPANY, L.L.C.

**Current Principal Place of Business:**

95 BULLDOG BLVD.  
STE 202  
MELBOURNE, FL 32901

**New Principal Place of Business:**

1344 S APOLLO BLVD  
STE 400  
MELBOURNE, FL 32901

**Current Mailing Address:**

95 BULLDOG BLVD.  
STE 202  
MELBOURNE, FL 32901

**New Mailing Address:**

1344 S APOLLO BLVD  
STE 400  
MELBOURNE, FL 32901

**FEI Number:** 20-5075448

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KANCILIA, JOHN R ESQ.  
1800 WEST HIBISCUS BLVD., SUITE 138  
MELBOURNE, FL 32901 US

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

KANCILIA, JOHN R ESQ.  
1795 W NASA BLVD  
MELBOURNE, FL 32901 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:

04/24/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PELIGDISH, CRAIG M.D.  
Address: 95 BULLDOG BLVD STE 202  
City-St-Zip: MELBOURNE, FL 32901

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DELIGDISH, CRAIG K M.D.  
Address: 1344 S APOLLO BLVD STE 400  
City-St-Zip: MELBOURNE, FL 32901

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: CRAIG K DELIGDISH

MGR

04/24/2009

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