

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90528 025 ****50.00

DOCUMENT # L02000007573

1. Entity Name
PHYSICIANS ASSOCIATES GROUP, LLC



Principal Place of Business
293 SW 27TH AVENUE
MIAMI, FL 33135

Mailing Address
3039 PREMIERE PKWY
SUITE 100
DULUTH, GA 30097



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03242004 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1125474

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIDSKY, CARLOS
145 EAST 49TH STREET
HIALEAH, FL 33013

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Delete
NAME ACOSTA, ELIZABETH
STREET ADDRESS 299 S.W. 27TH AVENUE
CITY-ST-ZIP MIAMI, FL 33135

TITLE MGRM ☐ Change ☒ Addition
NAME ALEX J. CAMPOS
STREET ADDRESS 3039 PREMIERE PARKWAY SUITE 100
CITY-ST-ZIP DULUTH, GA 30097

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

[Handwritten Signature]

4/22/04

678-473-0484

1. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #