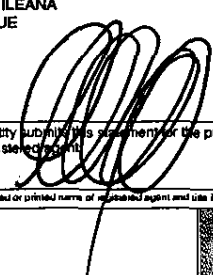
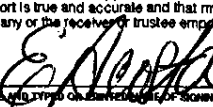


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92173 019 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000007573			
1. Entity Name PHYSICIANS ASSOCIATES GROUP, LLC			
Principal Place of Business 293 SW 27TH AVENUE MIAMI, FL 33135		Mailing Address 293 SW 27TH AVENUE MIAMI, FL 33135	
2. Principal Place of Business		3. Mailing Address 3039 PREMIERE PKWY	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 100	
City & State		City & State DUCUTH GA	
Zip	Country	Zip	Country
		30097	US
4. FEI Number		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
65-1125474		☐ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PINERO-BOTIFOLL, ILEANA 293 SW 27TH AVENUE MIAMI, FL 33135		Name CARLOS LIDSKY Street Address (P.O. Box Number is not Acceptable) 145 EAST 49TH STREET City HALEAH FL Zip Code 33013	
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 		DATE 4/18/03	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent's signature required when submitting.)	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 11, 2003			
9. MANAGING MEMBERS/MANAGERS			
TITLE	MGR	☒ Delete	
NAME	PINERO-BOTIFOLL, ILEANA		
STREET ADDRESS	293 SW 27TH AVENUE		
CITY-ST-ZIP	MIAMI, FL 33135		
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
10. ADDITIONS/CHANGES			
TITLE	MGR	☐ Change ☒ Addition	
NAME	ELIZABETH ACOSTA		
STREET ADDRESS	299 SW 27TH AVENUE		
CITY-ST-ZIP	MIAMI FL 33135		
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
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 606, Florida Statutes.			
SIGNATURE: 		DATE 4/18/03	
SIGNATURE AND TYPE OF OFFICE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

CR2003 (1/002)