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	Mailing Address
293 SW 27TH AVENUE MIAMI, FL 33135	293 SW 27TH AVENUE MIAMI, FL 33135

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	3039 PREMIERE PKWY
City & State	Suite, Apt. #, etc. SUITE 100
Zip / Country	City & State DULUTH GA
	Zip 30097 Country US

☒ CHECK HERE IF MAKING CHANGES

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
PINERO-BOTIFOLL, ILEANA 293 SW 27TH AVENUE MIAMI, FL 33136	Name CARLOS LIDSKY Street Address (P.O. Box Number Is Not Acceptable) 145 EAST 49TH STREET City HIALEAH 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 Carlos Lidsky 4/18/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PINERO-BOTIFOLL, ILEANA 293 SW 27TH AVENUE MIAMI, FL 33135	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELIZABETH ACOSTA 299 SW 27TH AVENUE MIAMI FL 33135	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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: Elizabeth Acosta 4/18/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #