2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

FILED Sep 13, 2006 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # L02000013890 1. Entity Name PHYSICIANS COMMUNITY SERVICE COMPANY LLC								09-13-20	006 9004	6 038 ****50	0.00	
Principal Plac	e of Busines	s		Mailing Address								
3412 DUCK				3412 DUCK AVE.				•				
KEY WEST, F	L 33040			KEY WEST, FL 33040						•		
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2. Principal P	Place of Busin	ness 🎠 .		3. Mailing Address								
		3								,,		
Suite, Apt.		<u>"</u> "	4.	Suite, Apt. #, etc.			082220	06 Chg-LL(CI	R2E083 (11/05)		
City & Stat	te			City & State			4. FEI No. 52-2	mber 367101		J 	ot Applicable	
Zip		Country:		Zip	Coun	try		cate of Status De	sired [\$5.00 Ad Fee Require		
	6. Name	and Address o	f Current R	egistered Agent			7. Name	and Address of	New Registe	red Agent		
DAGGUUE		DEN DD				Name	'liac T	Certh				
DASCHHELM, DARREN DR 417 CACHER DR				Street Ar			ss (P.O. Box No	11as J. Gerth ss (P.O. Box Number is Not Acceptable)				
KEY WES		40		-			412 Ducl	Avenue				
	÷											
						City	ey West			FL Zip Cg	340	
8. The above	named entit	y submits this st	atement for	the purpose of charging its	register			r both, in the Stat	e of Florida.	I am familiar with		
the obligat	tions of regist	ered agent	٠	19/	M3)		8∕	25/0	6		
SIGNATURE .	Signature typed	or printed name of reg	isleved agent ag	d title if applicable (NOTE	Registere	d Agent signeture rec	quired when reinstating	, 	23/0	PATE		
								<u>"</u>	· · ·			
Filing Fee Is \$50.00 Due by September 6, 2006										eck payable to artment of Stat		
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