

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000016341

FILED
Aug 26, 2004
Secretary of State

Entity Name: PROVIDERS ALLIANCE NETWORK, L.L.C.

Current Principal Place of Business:

5504 GATEWAY BLVD.
WESLEY CHAPEL, FL 33543

New Principal Place of Business:

38196 MEDICAL CENTER AVE.
ZEPHYRHILLS, FL 33540

Current Mailing Address:

205 N. PARSONS AVE STE. A
WESLEY CHAPEL, FL 33543

New Mailing Address:

38196 MEDICAL CENTER AVE
ZEPHYRHILLS, FL 33540

FEI Number: 75-3080467

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIKOS, CYNTHIA A
205 N. PARSONS AVE STE. A
BRANDON, FL 33510 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: HASHMI, HASAN FARID
Address: 5504 GATEWAY BLVD
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: MGR (X) Delete
Name: KHAN, HAIDER MD
Address: 10806 US HIGHWAY 19 STE. 102
City-St-Zip: PORT RICHEY, FL 34668

Title: MGR (X) Delete
Name: HASHMI, SUKMAN
Address: 5504 GATEWAY BLVD
City-St-Zip: WESLEY CHAPEL, FL 33543

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HASHMI, SULEMAN
Address: 38196 MEDICAL CENTER AVE
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SULEMAN FARID HASHMI

MGR

08/26/2004

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