2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: PALM COAST MEDICAL SPECIALISTS, L.L.C.

Current Principal Place of Business:

21 HOSPITAL DRIVE
200
PALM COAST, FL 32164

New Principal Place of Business:

Current Mailing Address:

595 WEST GRANADA BLVD.
A
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 33-1024372 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, STEVEN J
3 PINE CONE DR STE 106
PALM COAST, FL 32137 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/MANAGERS:

Title: MGRM
Name: ALTER, DENNIS T
Address: 6 INDIAN MOUND COURT
City-St-Zip: FLAGLER BEACH, FL 32136

Title: MGRM
Name: BROWN, STEVEN J
Address: 39 OLD BRIDGE WAY
City-St-Zip: ORMOND BEACH, FL 32174

I hereby 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 Statues.

SIGNATURE: DENNIS T. ALTER MGRM 04/09/2010

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