

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021049

FILED
Apr 28, 2004
Secretary of State

Entity Name: PHYSICIAN'S SERVICES, P.L.C.

Current Principal Place of Business:

1143 STATE ROAD 60 EAST
LAKE WALES, FL 33853

New Principal Place of Business:

Current Mailing Address:

1143 STATE ROAD 60 EAST
LAKE WALES, FL 33853

New Mailing Address:

FEI Number: 62-3641504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUNDLAS, KULMEET S
1143 STATE ROAD 60 EAST
LAKE WALES, FL 33853

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: MGRM () Delete
Name: KUNDLAS, KULMEET S
Address: 1143 STATE ROAD 60 EAST
City-St-Zip: LAKE WALES, FL 33853

ADDITIONS/CHANGES:

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: KULMEET S KUNDLAS

MGRM

04/28/2004

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