

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021649

FILED
Jun 21, 2005
Secretary of State

Entity Name: SOUTH FLORIDA PHYSICIANS NETWORK, LLC

Current Principal Place of Business:

2695 LEJEUNE ROAD, 3RD FLOOR
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2695 LEJEUNE ROAD, 3RD FLOOR
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 32-0032195 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PEREZ, MARTINIANO J
12224 SW 101 TERRACE
MIAMI, FL 33186 US

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: MGR () Delete
Name: PEREZ, MARTINIANO J
Address: 12224 SW 101 TERRACE
City-St-Zip: MIAMI, FL 33186

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: MARTINIANO J PEREZ

MGR

06/21/2005

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