

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021649

FILED
Apr 15, 2009
Secretary of State

Entity Name: SOUTH FLORIDA PHYSICIANS NETWORK, LLC

Current Principal Place of Business:

4000 PONCE DE LEON BLVD., SUITE 650
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

4000 PONCE DE LEON BLVD., SUITE 650
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 32-0032195

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, MARTINIANO J
4000 PONCE DE LEON BLVD., SUITE 650
CORAL GABLES, FL 33146 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: MGR () Delete
Name: PEREZ, MARTINIANO J
Address: 4000 PONCE DE LEON BLVD., SUITE 650
City-St-Zip: CORAL GABLES, FL 33146

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 exemption stated in Chapter 119, 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 PEREZ

CFO

04/15/2009

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