

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022195

FILED  
Apr 19, 2004  
Secretary of State

Entity Name: PATIENT HEALTH SOLUTIONS, L.L.C.

## Current Principal Place of Business:

5 ISLAND DRIVE  
LAKE MARY, FL 32746

## New Principal Place of Business:

## Current Mailing Address:

5 ISLAND DRIVE  
LAKE MARY, FL 32746

## New Mailing Address:

FEI Number: 51-0422746      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

JOHNSON, SCOTT E ESQ.  
111 N. ORANGE AVENUE, SUITE 1200  
ORLANDO, FL 32801 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: MGRD ( ) Delete  
Name: HARRIS, DAVID  
Address: 1604 TALISIA COURT  
City-St-Zip: LONGWOOD, FL 32779

Title: MGR ( ) Delete  
Name: BONLOW, ROBERT  
Address: 495 FAWN HILL  
City-St-Zip: LAKE FOREST, FL 32771

Title: MGR ( ) Delete  
Name: BUHRING, DENNIS  
Address: 5 ISLAND DRIVE  
City-St-Zip: LAKE MARY, FL 32746

Title: MGR ( ) Delete  
Name: VOGT, STEPHEN  
Address: 1711 BARCELONA WAY  
City-St-Zip: WINTER PARK, FL 32789

Title: MGR ( ) Delete  
Name: MACLEAY, MICHAEL  
Address: 2100 SILVER LEAF CT.  
City-St-Zip: LONGWOOD, FL 32779

Title: MGR ( ) Delete  
Name: GARNER, H. STEPHEN  
Address: 403 SPRING VALLEY LANE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: HARRIS, DAVID  
Address: 1604 TALISIA COURT  
City-St-Zip: LONGWOOD, FL 32779

Title: MGR (X) Change ( ) Addition  
Name: BOWLES, ROBERT  
Address: 495 FAWN HILL  
City-St-Zip: LAKE FOREST, FL 32771

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

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

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

Title: MGR (X) Change ( ) Addition  
Name: GARNER, STEPHEN H  
Address: 403 SPRING VALLEY LANE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: DENNIS BUHRING

MGR

04/19/2004

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