


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90426 022 \*\*\*\*50.00

<b>DOCUMENT # L02000022588</b>	
1. Entity Name <b>PHYSICIANS MEDICAL REVIEW, LLC</b>	

Principal Place of Business <b>7601 NORTH FEDERAL HWY. SUITE 230A BOCA RATON, FL 33487 US</b>	Mailing Address <b>7601 NORTH FEDERAL HWY. SUITE 230A BOCA RATON, FL 33487 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**20010955**  
  
01132006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>16-1626802</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>LINDEN, BERNARD E 1261 S.W. 15TH STREET BOCA RATON, FL 33486</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State <b>FL</b> Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCHOSHEIM, ELISSA L 5831 PADDINGTON WAY BOCA RATON, FL 33496 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LINDEN, KAYE D 5831 PADDINGTON WAY BOCA RATON, FL 33496 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** *Elissa L Schosheim* **2/23/06** **561.998.7600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #