

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023257

FILED
Mar 23, 2004
Secretary of State

Entity Name: POLK COUNTY PHYSICIANS NETWORK, L.L.C.

Current Principal Place of Business:

2435 US 19 SUITE 450
HOLIDAY, FL 34691

New Principal Place of Business:

Current Mailing Address:

2435 US 19 SUITE 450
HOLIDAY, FL 34691

New Mailing Address:

FEI Number: 55-0796555

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIKOS, CYNTHIA A
205 N PARSONS AVE
SUITE A
BRANDON, FL 335104515 US

Name and Address of New Registered Agent:

KHAN, HAIDER A MD
2435 US 19
STE 450
HOLIDAY, FL 34691 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: HAIDER A. KHAN

03/23/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: HAIDER, A. KHAN
Address: 2435 US 19, SUITE 450
City-St-Zip: HOLIDAY, FL 34691

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KHAN, HAIDER A MD
Address: 2435 US 19, SUITE 450
City-St-Zip: HOLIDAY, FL 34691 US

Title: MGR () Change (X) Addition
Name: KHAN, NAZEER H MD
Address: 2435 US 19, SUITE 450
City-St-Zip: HOLIDAY, FL 31691 US

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: NAZEER H. KHAN, MD

MGR

03/23/2004

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