2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2006
Secretary of State

DOCUMENT# L02000023257

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

Current Principal Place of Business:

2435 US 19 SUITE 600
HOLIDAY, FL 34691

New Principal Place of Business:

Current Mailing Address:

2435 US 19 SUITE 600
HOLIDAY, FL 34691

New Mailing Address:

FEI Number: 59-0796555 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KHAN, HAIDER A MD
2435 US 19 SUITE 600
HOLIDAY, FL 34691 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: KHAN, HAIDER A MD
Address: 2435 US 19, SUITE 600
City-St-Zip: HOLIDAY, FL 34691 US

Title: MGR ( ) Delete
Name: KHAN, NAZEER H MD
Address: 2435 US 19, SUITE 600
City-St-Zip: HOLIDAY, FL 31691 US

ADDITIONS/CHANGES:

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

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 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: HAIDER A KHAN, MD MGR 02/21/2006

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