

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023257

FILED  
Jul 15, 2009  
Secretary of State

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

**Current Principal Place of Business:**

2515 COUNTRYSIDE BLVD  
SUITE C  
CLEARWATER, FL 33763

**New Principal Place of Business:**

4010 GUNN HWY  
SUITE 220  
TAMPA, FL 33618

**Current Mailing Address:**

2515 COUNTRYSIDE BLVD  
SUITE C  
CLEARWATER, FL 33763

**New Mailing Address:**

4010 GUNN HWY  
SUITE 220  
TAMPA, FL 33618

FEI Number: 59-0796555      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KHAN, HAIDER A MD  
2515 COUNTRYSIDE BLVD  
SUITE C  
CLEARWATER, FL 33763 US

**Name and Address of New Registered Agent:**

KHAN, HAIDER A MD  
4010 GUNN HWY, SUITE 220  
TAMPA, FL 33618 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:

07/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KHAN, HAIDER A MD  
Address: 2515 COUNTRYSIDE BLVD, STE C  
City-St-Zip: CLEARWATER, FL 33763 US

Title: MGR ( ) Delete  
Name: KHAN, NAZEER H MD  
Address: 2515 COUNTRYSIDE BLVD, STE C  
City-St-Zip: CLEARWATER, FL 33763 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: KHAN, HAIDER A MD  
Address: 4010 GUNN HWY, SUITE 220  
City-St-Zip: TAMPA, FL 33618 US

Title: MGR (X) Change ( ) Addition  
Name: KHAN, NAZEER H MD  
Address: 4010 GUNN HWY, SUITE 220  
City-St-Zip: TAMPA, FL 33618 US

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: HAIDER A KHAN, MD

MGR

07/15/2009

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