2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

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

Current Principal Place of Business:

4010 GUNN HWY
SUITE 220
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

7700 MASSACHUSETTS AVE.
NEW PORT RICHEY, FL 34653

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, SAFIA H
4010 GUNN HWY, SUITE 220
TAMPA, FL 33618 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: MGRM
Name: KHAN, SAFIA H
Address: 4010 GUNN HWY, SUITE 220
City-St-Zip: TAMPA, FL 33618 US

I hereby 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 Statues.

SIGNATURE: SAFIA KHAN MGRM 04/29/2011

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