

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026107

FILED
Apr 30, 2004
Secretary of State

Entity Name: PRO-CARE PHYSICIANS, L.L.C.

Current Principal Place of Business:

8337 DIAMOND COVE CR.
ORLANDO, FL 32836

New Principal Place of Business:

10413 BRILLIANT COURT
ORLANDO, FL 32836

Current Mailing Address:

P.O. BOX 22793
LAKE BUENA VISTA, FL 32830

New Mailing Address:

FEI Number: 61-1427566

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REHMAN, ARIF UR
8337 DIAMOND COVE CR.
ORLANDO, FL 32936

Name and Address of New Registered Agent:

REHMAN, ARIF UR
10413 BRILLIANT COURT
ORLANDO, FL 32836

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: ARIF UR REHMAN

04/30/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: REHMAN, ARIF UR
Address: 8022 CALABRIA CT.
City-St-Zip: ORLANDO, FL 32936

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: REHMAN, ARIF UR
Address: 10413 BRILLIANT COURT
City-St-Zip: ORLANDO, FL 32836

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: ARIF UR REHMAN

MGRM

04/30/2004

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