

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000027152

FILED  
Apr 23, 2003  
Secretary of State

**Entity Name:** PHYSICIANS HEALTHCARE NETWORKS, LLC.

**Current Principal Place of Business:**

7935 PRESERVE CIRCLE  
SUITE 434  
NAPLES, FL 34119

**New Principal Place of Business:**

7935 PRESERVE CIRCLE  
SUITE 434  
NAPLES, FL 34119 US

**Current Mailing Address:**

7935 PRESERVE CIRCLE  
SUITE 434  
NAPLES, FL 34119

**New Mailing Address:**

11216 TAMIAMI TRAIL NORTH  
SUITE 208  
NAPLES, FL 34110 US

FEI Number: 05-0539685

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

PATTERSON, C. BRADLEY  
325 DUNES BLVD.  
406  
NAPLES, FL FLORIDA US

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

LARSON, JEFFREY K  
1945 IMPERIAL GOLF COURSE BLVD  
NAPLES, FL 34110 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: JEFFREY K. LARSON

04/23/2003

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: LISA, DISARRO  
Address: 7935 PRESERVE CIRCLE . SUITE 434  
City-St-Zip: NAPLES, FL 34119

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LISA, DI SARRO R  
Address: 7935 PRESERVE CIRCLE SUITE 434  
City-St-Zip: NAPLES, FL 34119

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: LISA R. DI SARRO

MGR

04/23/2003

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