

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