2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2005
Secretary of State

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Entity Name: PHYSICIAN'S FINANCIAL MANAGEMENT SERVICES, L.L.C.

Current Principal Place of Business:

227 SOUTHEAST 8TH ST.
OCALA, FL 34471

New Principal Place of Business:

2309 SE 11TH ST.
OCALA, FL 34471

Current Mailing Address:

227 SOUTHEAST 8TH ST.
OCALA, FL 34471

New Mailing Address:

2309 SE 11TH ST.
OCALA, FL 34471

FEI Number: 20-8408888 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GASSMAN, ALAN S
1245 COURT STREET STE. 102
CLEARWATER, FL 33756 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/MEMBERS:

Title: MGR ( ) Delete
Name: GILMAN, PATRICK P
Address: 227 SOUTHEAST 8TH ST.
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GILMAN, PATRICK P
Address: 2309 SE 11TH ST.
City-St-Zip: OCALA, FL 34471

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: PATRICK P GILMAN MGRM 04/15/2005

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