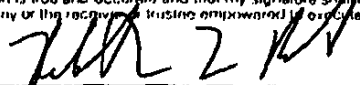


FILED
Apr 26, 2004 8:00 am
Secretary of State

03-12-2004 90225 046 ****50.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000000790					
1. Entity Name ALPHA PHYSICIAN SERVICES, LLC					
Principal Place of Business 8800 GRAND OAK CIRCLE, SUITE 400 TAMPA, FL 33637		Mailing Address 8800 GRAND OAK CIRCLE, SUITE 400 TAMPA, FL 33637			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc		Suite, Apt #, etc			
City & State		City & State			
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent DAVID J. POWERS, P.A. 7777 GLADES ROAD, SUITE 300 BOCA RATON, FL 33434				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
				Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☒ Addition	
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TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 605, Florida Statutes.					
SIGNATURE: 			3/5/04 813 5586539		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					