2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: P.C., LLC

Current Principal Place of Business:

C/O PIERRE GIRARD, M.D.
621 S.E. PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34984 US

New Principal Place of Business:

Current Mailing Address:

C/O PIERRE GIRARD, M.D.
621 S.E. PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34984 US

New Mailing Address:

FEI Number: 65-1180966 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSILLO, ROBERT A ESQ.
501 SEA OATS DRIVE
SUITE A1
JUNO BEACH, FL 33408 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/MANAGERS:

Title: MGRM
Name: GIRARD, PIERRE M.D.
Address: 621 S. E. PORT ST. LUCIE BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34984 US

Title: CPA
Name: STUMP, MITCHELL L
Address: 26 PRINCEWOOD LANE
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

I hereby 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 Statues.

SIGNATURE: MITCHELL L. STUMP CPA 01/04/2011

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