2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# L03000012989

Entity Name: PHYSICIANSMART OFFICE, L.L.C.

Current Principal Place of Business:

4505 S. OCEAN BLVD.
#808
HIGHLAND BEACH, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

4505 S. OCEAN BLVD.
#808
HIGHLAND BEACH, FL 33487 US

New Mailing Address:

FEI Number: 11-3684282 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHEEHY, FRANCES D
1367 LYONS ROAD
COCONUT CREEK, FL 33063 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 ( ) Delete
Name: HESS, BRITA
Address: 4505 S. OCEAN BLVD., #808
City-St-Zip: HIGHLAND BEACH, FL 33487 US

Title: MGRM ( ) Delete
Name: KORNELUK, GREG N
Address: 5896 NW 23RD TERRACE
City-St-Zip: BOCA RATON, FL 33496 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BRITA HESS MGRM 01/21/2009

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