

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000019195

FILED
Jan 18, 2006
Secretary of State

Entity Name: PHYSICIANS MEDICAL GROUP LLC

Current Principal Place of Business:

235 CITRUS TOWER BLVD
SUITE 104
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

235 CITRUS TOWER BLVD.
SUITE 104
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 20-0059210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARI, AASHIV N MD
235 CITRUS TOWER BLVD.
SUITE 104
CLERMONT, FL 34711 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: MGR () Delete
Name: HARI, AASHIV N MD
Address: 235 CITRUS TOWER BLVD., SUITE 104
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: AASHIV HARI

MGR

01/18/2006

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