

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000022095

FILED
Mar 26, 2009
Secretary of State

Entity Name: PHYSICIAN ASSISTANT SERVICES OF FLORIDA, L.L.C.

Current Principal Place of Business:

301 EAST HIBISCUS BLVD
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1261
MELBOURNE, FL 32902

New Mailing Address:

FEI Number: 59-3614710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOONE, C. HAMILTON
301 EAST HIBISCUS BLVD
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

BOONE, CHARLES H CEO
301 EAST HIBISCUS BLVD
MELBOURNE, FL 32901 US

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: CHARLES H. BOONE

03/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BOONE, C. HAMILTON
Address: 301 EAST HIBISCUS BLVD
City-St-Zip: MELBOURNE, FL 32901

Title: MGR () Delete
Name: BOONE, PENNY R
Address: 301 HIBISCUS BLVD
City-St-Zip: MELBOURNE, FL 32901

Title: MGR () Delete
Name: DOMKOWSKI, PATRICK MD
Address: 301 EAST HIBISCUS BLVD
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES:

Title: CEO (X) Change () Addition
Name: BOONE, CHARLES H P.A.
Address: 301 EAST HIBISCUS BLVD
City-St-Zip: MELBOURNE, FL 32901

Title: MGR (X) Change () Addition
Name: BOONE, PENNY R R.N.
Address: 301 HIBISCUS BLVD
City-St-Zip: MELBOURNE, FL 32901

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: PENNY R. BOONE

MGR

03/26/2009

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