

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000022095

FILED
Mar 01, 2010
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, CHARLES H CEO
301 EAST HIBISCUS BLVD
MELBOURNE, FL 32901 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: CEO
Name: BOONE, CHARLES H P.A.
Address: 301 EAST HIBISCUS BLVD
City-St-Zip: MELBOURNE, FL 32901

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

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 Statutes.

SIGNATURE: PENNY R. BOONE

MGR

03/01/2010

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