L03000035414

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 20 AM 11: 32

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07072005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000035414

1. Entity Name
PRIMARY CARE SPECIALISTS, LLC

Principal Place of Business	Mailing Address
C/O WEBSTER, CHAIRES & PARTNERS, P.L. 1936 LEE RD., STE. 101 WINTER PARK, FL 32789	C/O WEBSTER, CHAIRES & PARTNERS, P.L. 1936 LEE RD., STE. 101 WINTER PARK, FL 32789
2. Principal Place of Business: 3615 S. Orange Ave	3. Mailing Address: 3615 S. Orange Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando FL	City & State: Orlando FL
Zip: 32806 Country:	Zip: 32806 Country:

4. FEI Number: 20-0233620 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THE PM GROUP 1752 HOWELL BRANCH RD. WINTER PARK, FL 32789	Name: David Cowan, MD Street Address (P.O. Box Number is Not Acceptable): 3615 S. Orange Ave City: Orlando FL Zip Code: 32806

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: David F. Cowan MD (Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE: 7/11/05

Filing Fee is $50.00
Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRP	☐ Delete	TITLE	MGRP	☑ Change ☐ Addition
NAME	KIVETT, GERALD		NAME	David Cowan	
STREET ADDRESS	4711 CURRY FORD RD, STE B		STREET ADDRESS	3615 S. Orange Ave	
CITY-ST-ZIP	ORLANDO, FL 32812		CITY-ST-ZIP	Orlando FL 32806	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: David F. Cowan MD 7/11/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #