

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 20, 2008 8:00 am
Secretary of State

05-20-2008 90054 033 ***138.75

DOCUMENT # L03000035414 1. Entity Name PRIMARY CARE SPECIALISTS, LLC			
Principal Place of Business 3615 S ORANGE AVENUE ORLANDO, FL 32806		Mailing Address 3615 S ORANGE AVENUE ORLANDO, FL 32806	
2. Principal Place of Business - No P.O. Box # 11140 W COLONIAL DRIVE		3. Mailing Address 11140 W COLONIAL DRIVE	
Suite, Apt. #, etc. SUITE 1		Suite, Apt. #, etc. SUITE 1	
City & State OCOEEE, FLORIDA		City & State OCOEEE, FLORIDA	
Zip 34761	Country USA	Zip 34761	Country USA
4. FEI Number 20-0233620		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COWAN, DAVID F MD 3615 S ORANGE AVENUE ORLANDO, FL 32806		7. Name and Address of New Registered Agent Name THOMAS H. WENTZELL, MD Street Address (P.O. Box Number is Not Acceptable) 11140 W COLONIAL DRIVE SUITE 1 City OCOEEE FL Zip Code 34761	
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 <u><i>Thomas H. Wentzell MD</i></u> DATE <u><i>4/29/08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP COWAN, DAVID F 3615 S ORANGE AVENUE ORLANDO, FL 32806	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP THOMAS H WENTZELL, MD 11140 W COLONIAL DRIVE SUITE 1 OCOEEE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 668, Florida Statutes.			
SIGNATURE: <u><i>Thomas H. Wentzell MD</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u><i>4/29/08</i></u> Daytime Phone # _____	