

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000001715

FILED
Jan 17, 2006
Secretary of State

Entity Name: PHYSICIANS CARE PLUS OF TAMARAC, LLC

Current Principal Place of Business:

7401 NORTH UNIVERSITY DRIVE
105
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

2061 NW BOCA RATON BLVD.
201
BOCA RATON, FL 33431

New Mailing Address:

7800 W OAKLAND PARK BLVD.
E-214
SUNRISE, FL 33351 US

FEI Number: 61-1464213

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DI CAPUA, LUCIE
2061 NW BOCA RATON BLVD.
201
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

DI CAPUA, JOSEPH
7800 W OAKLAND PARK BLVD.
E-214
SUNRISE, FL 33351 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: JOSEPH J. DI CAPUA

01/17/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GONZALEZ, MANUEL M.D.
Address: 2061 NW BOCA RATON BLVD. #201
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGR () Delete
Name: SMETS, MICHAEL A
Address: 2061 NW 2ND AVENUE #201
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM () Delete
Name: DI CAPUA, JOSEPH J
Address: 2061 NW 2ND AVENUE #201
City-St-Zip: BOCA RATON, FL 33431

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GONZALEZ, MANUEL M.D.
Address: 7800 W OAKLAND PARK BLVD., E-214
City-St-Zip: SUNRISE, FL 33351 US

Title: MGR (X) Change () Addition
Name: SMETS, MICHAEL A
Address: 7800 W OAKLAND PARK BLVD., E-214
City-St-Zip: SUNRISE, FL 33351

Title: MGRM (X) Change () Addition
Name: DI CAPUA, JOSEPH J
Address: 7800 W OAKLAND PARK BLVD., E-214
City-St-Zip: SUNRISE, FL 33351

Title: MGR () Change (X) Addition
Name: MARTIN, BARBARA
Address: 7401 N UNIVERSITY DRIVE, SUITE 105
City-St-Zip: TAMARAC, FL 33321 US

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: JOSEPH J. DI CAPUA

MGRM

01/17/2006

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