

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000001715

FILED  
Feb 02, 2007  
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:

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

## New Mailing Address:

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

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

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

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

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

02/02/2007

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