2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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

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

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

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

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 Statues.

SIGNATURE: JOSEPH DI CAPUA MGRM 01/04/2011

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