

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000023393

FILED
Apr 28, 2005
Secretary of State

Entity Name: PHYSICIANS' CHOICE USA LLC

Current Principal Place of Business:

C/O R. WOLLETT, 2855 PGA BLVD
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

Current Mailing Address:

C/O R. WOLLETT, 2855 PGA BLVD
PALM BEACH GARDENS, FL 33410 US

New Mailing Address:

FEI Number: 20-0990512

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLLETT, RONALD L
2855 PGA BLVD
PALM BEACH GARDENS, FL 33410 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/MEMBERS:

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

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: HERNANDEZ, DIA
Address: 965 DAY ROAD
City-St-Zip: SYKESVILLE, MD 21784

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DIA HERNANDEZ

MGRM

04/28/2005

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