2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000048465

City-St-Zip:

Entity Name: MEDPARTNERS OF CHICAGO, LLC

FILED Aug 04, 2005 Secretary of State

08/04/2005

Current Principal Place of Business:		New Prince	New Principal Place of Business:	
11555 HERON BAY BLVD. SUITE 200 CORAL SPRINGS, FL 33076		SUITE 203	NIVERSITY DRIVE PRINGS, FL 33067	
Current Mailing Address:			New Mailing Address:	
11555 HERON BAY BLVD. SUITE 200 CORAL SPRINGS, FL 33076		SUITE 203	5491 N. UNVERSITY DRIVE SUITE 203 CORAL SPRINGS, FL 33067	
	th s. 607.193(2)(b), F.S., the limited liabil	ity company did not receive th	ne prior notice.	
Name and Add	dress of Current Registered Age	nt: Name and	Address of New Registered Agent:	
P2P STAFFING CORP. 11555 HERON BAY BLVD SUITE 200 CORAL SPRINGS, FL 33076 US		5491 N. UI SUITE 203	P2P STAFFING CORP. 5491 N. UNIVERSITY DRIVE SUITE 203 CORAL SPRINGS, FL 33067 US	
The above namin the State of F		r the purpose of changing i	ts registered office or registered agent, or both	
SIGNATURE:			08/04/2005	
-	Electronic Signature of Registere	ed Agent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	P () Change (X) Addition SCUTERO, VITO 5491 N. UNIVERSITY DRIVE, SUITE 203 CORAL SPRINGS, FL 33067	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition KATZ, HARRIS 5491 N. UNIVERSITY DRIVE, SUITE 203 CORAL SPRINGS, FL 33067	
Title: Name: Address:	() Delete	Title: Name: Address:	D () Change (X) Addition STEPHENS, JOHN 105 N. OAK PARK DRIVE, SUITE 2N	

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.

City-St-Zip: OAK PARK, IL 60301

SIGNATURE: VITO SCUTERO P