

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000048465

FILED
Apr 27, 2007
Secretary of State

Entity Name: MEDPARTNERS OF CHICAGO, LLC

Current Principal Place of Business:

5491 N. UNIVERSITY DRIVE
SUITE 203
CORAL SPRINGS, FL 33067

New Principal Place of Business:

Current Mailing Address:

5491 N. UNIVERSITY DRIVE
SUITE 203
CORAL SPRINGS, FL 33067

New Mailing Address:

FEI Number: 04-3795182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

P2P STAFFING CORP.
5491 N. UNIVERSITY DRIVE
SUITE 203
CORAL SPRINGS, FL 33067 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: P () Delete
Name: SCUTERO, VITO
Address: 5491 N. UNIVERSITY DRIVE, SUITE 203
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D () Delete
Name: KATZ, HARRIS
Address: 5491 N. UNIVERSITY DRIVE, SUITE 203
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D () Delete
Name: STEPHENS, JOHN
Address: 105 N. OAK PARK DRIVE, SUITE 2N
City-St-Zip: OAK PARK, IL 60301

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:

I hereby certify that the information supplied with this filing does not qualify 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: VITO SCUTERO

P

04/27/2007

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