2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 29, 2005
Secretary of State

DOCUMENT# L04000055272

Entity Name: PHYSIOCAM, LLC

Current Principal Place of Business:

1065 KANE CONCOURSE STE 200
BAY HARBOR ISLANDS, FL 33154

New Principal Place of Business:

Current Mailing Address:

1065 KANE CONCOURSE STE 200
BAY HARBOR ISLANDS, FL 33154

New Mailing Address:

FEI Number: 20-1964514 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: ALLAMELOU, RICARDO
Address: 1111 BRICKELL AVENUE, 11TH FLOOR
City-St-Zip: MIAMI, FL 33131

Title: MGR (X) Delete
Name: HOPTA, JANVIER
Address: 1111 BRICKELL AVENUE, 11TH FLOOR
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ALLAMELOU, RICARDO
Address: 1050 93RD STREET APT 5E
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

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 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: RICARDO ALLAMELOU MGR 06/29/2005

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