2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2005
Secretary of State

DOCUMENT# L04000065283

Entity Name: PHYSICIAN HEALTHCARE ASSOCIATES, LLC

Current Principal Place of Business:

3840 LA PLAYA BLVD
MIAMI, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

3840 LA PLAYA BLVD
MIAMI, FL 33133 US

New Mailing Address:

FEI Number: 84-1655722 **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:

AUSTIN, MAGALIE D
7560 SW 102 STREET
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

AUSTIN, MAGALIE D
3840 LA PLAYA BLVD
MIAMI, FL 33133 US

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: MAGALIE D. AUSTIN 07/05/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: AUSTIN, MAGALIE D
Address: 3840 LA PLAYA BLVD
City-St-Zip: MIAMI, FL 33133 US

ADDITIONS/CHANGES:

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: MAGALIE D. AUSTIN MGRM 07/05/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date