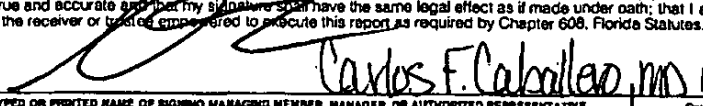


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

01-21-2005 90093 004 ****50.00

DOCUMENT # L04000084146					
1. Entity Name PRIVATE PHYSICIAN SERVICES, P.L.					
Principal Place of Business 1801 ARLINGTON STREET, SUITE 2 SARASOTA, FL 34239			Mailing Address 1801 ARLINGTON STREET, SUITE 2 SARASOTA, FL 34239		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 26-1908030	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DOERR, KENNETH D 240 S. PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change	☒ Addition	
		Manager Carlos F. Caballero 1801 Arlington Street, Ste. 2 Sarasota, FL 34239			
		Manager Raymond D. Hautamaki 1801 Arlington Street, Ste. 2 Sarasota, FL 34239			
			☐ Change	☐ Addition	
			☐ Change	☐ Addition	
			☐ Change	☐ Addition	
			☐ Change	☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify 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 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:  Carlos F. Caballero, mm 1/4/05 941-917-8365					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

30005039



01042005 Chg-LLC CR2E083 (10/03)