2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2006
Secretary of State

DOCUMENT# L04000084146

Entity Name: PRIVATE PHYSICIAN SERVICES, P.L.

Current Principal Place of Business:

1801 ARLINGTON STREET, SUITE 2
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

1801 ARLINGTON STREET, SUITE 2
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 20-1908030 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOERR, KENNETH D
240 S. PINEAPPLE AVE., 10TH FLOOR
SARASOTA, FL 34236 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: CABALLERO, CARLOS F
Address: 1801 ARLINGTON ST STE 2
City-St-Zip: SARASOTA, FL 34239

Title: MGR ( ) Delete
Name: HAUTAMAK, RAYMOND D
Address: 1801 ARLINGTON ST STE 2
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES:

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 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: CARLOS F. CABALLERO MGR 01/05/2006

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