

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90144 005 \*\*\*\*50.00

**DOCUMENT # L04000084146**

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

60004272



01032007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1908030

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

DOERR, KENNETH D  
240 S. PINEAPPLE AVE., 10TH FLOOR  
SARASOTA, FL 34236

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME CABALLERO, CARLOS F  
STREET ADDRESS 1801 ARLINGTON ST STE 2  
CITY-ST-ZIP SARASOTA, FL 34239

TITLE MGR  
NAME HAUTAMAK, RAYMOND D  
STREET ADDRESS 1801 ARLINGTON ST STE 2  
CITY-ST-ZIP SARASOTA, FL 34239

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*1/3/07 (941) 917-8345*