

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000007260

Entity Name: PHYSICIAN ACCESS, LLC

FILED
Apr 30, 2006
Secretary of State

Current Principal Place of Business:

13400 WRIGHT CIRCLE
TAMPA, FL 33626 US

New Principal Place of Business:

PO BOX 23788
TAMPA, FL 33623 US

Current Mailing Address:

P. O. BOX 23788
TAMPA, FL 33623

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

HEALTH ADMINISTRATIVE SERVICES
11 MARINER DRIVE
TARPOON SPRINGS, FL 34689 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: BOBBY L. COATES

04/30/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HEALTH ADMINISTRATIV, E SERVICES, IN C .
Address: 13400 WRIGHT CIRCLE
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HEALTH ADMINISTRATIV, E SERVICES, IN C .
Address: PO BOX 23788
City-St-Zip: TAMPA, FL 33623

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: BOBBY L. COATES

VP

04/30/2006

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