2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 31, 2007
Secretary of State

DOCUMENT# L05000007260

Entity Name: PHYSICIAN ACCESS, LLC

Current Principal Place of Business:

PO BOX 23788
TAMPA, FL 33623 US

New Principal Place of Business:

11 MARINER DRIVE
TARPON SPRINGS, FL 34689 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 ( )**
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:

HEALTH ADMINISTRATIVE SERVICES
11 MARINER DRIVE
TARPON SPRINGS, FL 34689 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: MGRM ( ) Delete
Name: HEALTH ADMINISTRATIV, E SERVICES, IN C .
Address: PO BOX 23788
City-St-Zip: TAMPA, FL 33623

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 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: HEALTH ADMINISTRATIVE SERVICES MGRM 05/31/2007

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