

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000017950

FILED  
May 03, 2006  
Secretary of State

**Entity Name:** PHYSICIANS TRAUMA SPECIALIST, LLC

**Current Principal Place of Business:**

6807 WEST COMMERCIAL BLVD.  
TAMARAC, FL 33319

**New Principal Place of Business:**

2825 N UNIVERSITY DR  
SUITE 410  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

6807 WEST COMMERCIAL BLVD.  
TAMARAC, FL 33319

**New Mailing Address:**

2825 N UNIVERSITY  
SUITE 410  
CORAL SPRINGS, FL 33065

FEI Number: 83-0420014      FEI Number Applied For ( )      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:**

REYNOLDS, CHRISTINE B  
7711 E. UPPER RIDGE DR.  
PARKLAND, FL 33067 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: REYNOLDS, CHRISTINE B  
Address: 6807 W. COMMERCIAL BLVD.  
City-St-Zip: TAMARAC, FL 33319

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: REYNOLDS, CHRISTINE B  
Address: 2825 N UNIVERSITY DR #410  
City-St-Zip: CORAL SPRINGS, FL 33065

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: DWIGHT C REYNOLDS

DR

05/03/2006

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