

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000017950

FILED
Feb 26, 2007
Secretary of State

Entity Name: PHYSICIANS TRAUMA SPECIALIST, LLC

Current Principal Place of Business:

2825 N UNIVERSITY DR
SUITE 410
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

2825 N UNIVERSITY
SUITE 410
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 83-0420014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: 2825 N UNIVERSITY DR #410
City-St-Zip: CORAL SPRINGS, FL 33065

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 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: CHRISTINE REYNOLDS

MRS.

02/26/2007

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