2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2006
Secretary of State

DOCUMENT# L05000023234

Entity Name: PHYSICIAN ASSET RECOVERY, LLC

Current Principal Place of Business:

4932 SUNBEAM ROAD, SUITE 100
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

4932 SUNBEAM ROAD, SUITE 100
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 61-1484573 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SHORSTEIN, MARK CPA
8265 BAYBERRY ROAD
JACKSONVILLE, FL 32256 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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MEMB ( ) Change (X) Addition
Name: GOTTLIEB, MEL MR.
Address: 4932 SUNBEAM RD STE #100
City-St-Zip: JACKSONVILLE, FL 32257

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: MEL GOTTLIEB MEMB 01/04/2006

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