



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000023234	
1. Entity Name PHYSICIAN ASSET RECOVERY, LLC	

Principal Place of Business 4932 SUNBEAM ROAD, SUITE 100 JACKSONVILLE, FL 32257	Mailing Address 4932 SUNBEAM ROAD, SUITE 100 JACKSONVILLE, FL 32257
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DO NOT WRITE IN THIS SPACE

	
01302007 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 61-1484573	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHORSTEIN, MARK CPA
8265 BAYBERRY ROAD
JACKSONVILLE, FL 32256

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMB GOTTLIEB, MEL MR. 4932 SUNBEAM RD STE #100 JACKSONVILLE, FL 32257
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02/21/07-80055-001 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Melvin Gottlieb 2/1/07 (904)346-3088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #