2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000023234

1. Entity Name
PHYSICIAN ASSET RECOVERY, LLC

Principal Place of Business	Mailing Address
4932 SUNBEAM ROAD, SUITE 100 JACKSONVILLE, FL 32257	4932 SUNBEAM ROAD, SUITE 100 JACKSONVILLE, FL 32257

DO NOT WRITE IN THIS SPACE

01052008No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
61-1484573	Not Applicable

5. Certificate of Status Desired ☐   **$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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MEMB	
NAME	GOTTLIEB, MEL MR.	
STREET ADDRESS	4932 SUNBEAM RD STE #100	
CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000778700
01/11/08-80008-010 138.75

DO NOT WRITE IN THIS SPACE

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: _____ Mel Gottlieb   1/5/08   (904)346-3088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #