


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 25, 2007 08:00 AM
Secretary of State**

DOCUMENT # L05000027617 1. Entity Name PHYSICIAN CARE NETWORK, LLC	
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Principal Place of Business 3106 COMMERCE PARKWAY MIRAMAR, FL 33025	Mailing Address 3106 COMMERCE PARKWAY MIRAMAR, FL 33025
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DO NOT WRITE IN THIS SPACE



04032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 02-0740439	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**NEDD, KENNETH J
3106 COMMERCE PARKWAY
MIRAMAR, FL 33025**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

U000000728919
05/08/07-80018-025 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MEYER, PAUL 3106 COMMERCE PARKWAY MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEDD, KENNETH J 3106 COMMERCE PARKWAY MIRAMAR, FL 33025
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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: Kenneth J. Nedd 4/23/07 954-331-6515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #