

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042771

FILED
Jan 17, 2006
Secretary of State

Entity Name: PHYSICIANS CARE PLUS OF SUNRISE, LLC

Current Principal Place of Business:

6738 WEST SUNRISE BLVD.
103
PLANTATION, FL 33313 US

New Principal Place of Business:

Current Mailing Address:

2061 NW 2ND AVENUE
201
BOCA RATON, FL 33431

New Mailing Address:

7800 W OAKLAND PARK BLVD.
E-214
SUNRISE, FL 33351 US

FEI Number: 20-2815679

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DI CAPUA, JOSEPH J
2061 NW 2ND AVENUE
201
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

DI CAPUA, JOSEPH J
7800 W OAKLAND PARK BLVD.
E-214
SUNRISE, FL 33351 US

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: JOSEPH J DI CAPUA

01/17/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DI CAPUA, JOSEPH
Address: 6738 W SUNRISE BLVD, STE 103
City-St-Zip: PLANTATION, FL 33313 US

Title: MGR () Delete
Name: SALTZMAN, DAVID
Address: 6738 W SUNRISE BLVD, STE 103
City-St-Zip: PLANTATION, FL 33313 US

Title: MGR () Delete
Name: TYTLER, NEIL B
Address: 6738 W SUNRISE BLVD., STE 103
City-St-Zip: PLANTATION, FL 33313 US

Title: MGR () Delete
Name: SMETS, MICHAEL A
Address: 6738 W SUNRISE BLVD., STE 103
City-St-Zip: PLANTATION, FL 33313 US

Title: MGR () Delete
Name: GONZALEZ, MANUEL
Address: 6738 W SUNRISE BLVD., STE 103
City-St-Zip: PLANTATION, FL 33313 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOSEPH J DI CAPUA

MGR

01/17/2006

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