2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2007
Secretary of State

DOCUMENT# L05000042771

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:

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

New Mailing Address:

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
7800 W OAKLAND PARK BLVD.
E-214
SUNRISE, FL 33351 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:	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 MM/M 02/02/2007

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