2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007
Secretary of State

DOCUMENT# L05000078552

Entity Name: GENERAL PRACTICE ASSOCIATES, LLC

Current Principal Place of Business:

3301 JOHNSON STREET
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

3301 JOHNSON STREET
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 59-1011403 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LAZAR, MARK
3301 JOHNSON STREET
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

LAZAR, MARK H MD
3301 JOHNSON STREET
HOLLYWOOD, FL 33021 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: MARK H. LAZAR 01/22/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LAZAR, MARK
Address: 3301 JOHNSON STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGRM ( ) Delete
Name: WERBIN, MARIO
Address: 3301 JOHNSON STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGRM ( ) Delete
Name: CORONEL, MONICA
Address: 3301 JOHNSON STREET
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LAZAR, MARK H MD
Address: 3301 JOHNSON STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGRM (X) Change ( ) Addition
Name: WERBIN, MARIO MD
Address: 3301 JOHNSON STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGRM (X) Change ( ) Addition
Name: CORONEL, MONICA MD
Address: 3301 JOHNSON STREET
City-St-Zip: HOLLYWOOD, FL 33021

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: MARK H. LAZAR, M.D. PRES 01/22/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date