2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# L05000116972

Entity Name: PHYSICIANS FIRST, L.L.C.

Current Principal Place of Business:

439 22ND STREET
BELLEAIR BEACH, FL 33786

New Principal Place of Business:

Current Mailing Address:

439 22ND STREET
BELLEAIR BEACH, FL 33786

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GRAHAM, PAUL C
439 22ND STREET
BELLEAIR BEACH, FL 33786 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:	MGR	( ) Delete
Name:	GRAHAM, PAUL C	
Address:	439 22ND STREET	
City-St-Zip:	BELLEAIR BEACH, FL 33786	
Title:	MGRM	( ) Delete
Name:	ALLEN, JILL M	
Address:	1776 EASON ROAD	
City-St-Zip:	WATERFORD, MI 48328	
Title:	MGRM	( ) Delete
Name:	FEIMAN, LARRY D.O.	
Address:	14047 JENNIFER TERRACE	
City-St-Zip:	LARGO, FL 33774	
Title:	MGRM	( ) Delete
Name:	GRAHAM, DONALD V D.O.	
Address:	439 22ND STREET	
City-St-Zip:	BELLEAIR BEACH, FL 33786	
Title:	MGRM	( ) Delete
Name:	IGEL, G. STEPHEN M.D.	
Address:	2804 BLUFFS DRIVE	
City-St-Zip:	LARGO, FL 33770	
Title:	MGRM	( ) Delete
Name:	PARRY, CHRISTOPHER F	
Address:	13201 WALSINGHAM	
City-St-Zip:	LARGO, FL 33774	

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:	
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: PAUL C. GRAHAM MGR 05/01/2006

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