

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000025565

FILED  
Feb 13, 2007  
Secretary of State

Entity Name: PHYSICIAN'S DEBT RELIEF, LLC

**Current Principal Place of Business:**

1021 MONTEREY BLVD. NE  
ST. PETERSBURG, FL 33704

**New Principal Place of Business:**

3113 31 STREET NORTH  
ST. PETERSBURG, FL 33713

**Current Mailing Address:**

1021 MONTEREY BLVD. NE  
ST. PETERSBURG, FL 33704

**New Mailing Address:**

3113 31 STREET NORTH  
ST. PETERSBURG, FL 33713

FEI Number: 20-4459563

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ORSINI, SCOTT T  
4554 CENTRAL AVENUE  
ST. PETERSBURG, FL 33711 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: SMITH, KERRI A  
Address: 3113 31 STREET NORTH  
City-St-Zip: ST. PETERSBURG, FL 33771 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SMITH, KERRI A  
Address: 3113 31 STREET NORTH  
City-St-Zip: ST. PETERSBURG, FL 33713 US

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: KERRI A. SMITH

CEO

02/13/2007

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