2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2007
Secretary of State

DOCUMENT# L06000046707

Entity Name: ROP PHYSICIANS OF SOUTH FLORIDA, LLC

Current Principal Place of Business:

220 S.W. 84TH AVENUE BLDG. 1, SUITE 204
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

220 S.W. 84TH AVENUE BLDG. 1, SUITE 204
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 59-1675396 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EISLER, MICHAEL J ESQ.
1528 WESTON ROAD
WESTON, FL 33326 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: MILLER, BRUCE A
Address: 220 S.W. 84TH AVENUE BLDG. 1, SUITE 204
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES:

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: BRUCE A MILLER MGRM 01/05/2007

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