


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90275 044 \*\*\*\*50.00

DOCUMENT # L06000048255	
1. Entity Name PHYSICIAN CONCIERGE SYSTEMS, LLC	

Principal Place of Business 19586 BAY VIEW ROAD BOCA RATON, FL 33434	Mailing Address 19586 BAY VIEW ROAD BOCA RATON, FL 33434
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2. Principal Place of Business - No P.O. Box # 4700 NW 2nd Ave	3. Mailing Address 4700 NW 2nd Ave
Suite, Apt. #, etc. 400	Suite, Apt. #, etc. 400

City & State Boca Raton	City & State Boca Raton
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Zip 33431	Country USA	Zip 33431	Country USA
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00011001



02102007 Chg-LLC CR2E083 (12/06)

4. FEI Number 11-3782707	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  FINESILVER, MICHAEL I ESQ L1 420 LINCOLN ROAD SUITE 372 MIAMI BEACH, FL 33139	7. Name and Address of New Registered Agent Name Lisa Bensmihen Street Address (P.O. Box Number is Not Acceptable) 7350 Andorra PL City Boca Raton FL Zip Code 33433
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8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GILLINOV, SHELDON J 19586 BAY VIEW ROAD BOCA RATON, FL 33434 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENSMIHEN, LISA 7350 ANDORRA PLACE BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COHEN, MEYER 7445 DUBLIN DRIVE BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GORAL, RONALD 1111 B. RUSSELL DRIVE HIGHLAND BEACH, FL 33487 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 	Date 2/19/07	Daytime Phone #
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