DO NOT WRITE IN THIS SPACE

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L06000052020 1. Entity Name PA FINANCIAL LLC

Principal Place of Business

ONE INDEPENDENT DRIVE

SUITE 3201 JACKSONVILLE, FL 32202

Mailing Address

ONE INDEPENDENT DRIVE

SUITE 3201

JACKSONVILLE, FL 32202

US

FILED May 06, 2008 8:00 am Secretary of State

05-06-2008 90003 040 ***138.75

60039461



02222008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4984889

Applied For Not Applicable

5. Certificate of Status Desired

\$5:00 Additional Fee Required

6. Name and Address of Current Registered Agent

W. Shane MCGULLEY, ROBER ONE INDEPENDENT DRIVE **SUITE 3201** JACKSONVILLE, FL 32202

the obligations of registered agent.

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SIGNATURE_	Signature, typed or orinted name of registered agent and title if applicable.	(NCTE: Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$138.75 7 After May 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		
NAME	PHYSICIANS ADVANTAGE, INC.		•
STREET ADDRESS	ONE INDEPENDENT DRIVE SUITE 3201		
CITY-ST-ZIP	JACKSONVILLE, FL 32202		
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11. I hereby certify that the information supplied with this filling 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.			

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