

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000052020

Entity Name: PA FINANCIAL LLC

FILED  
Apr 20, 2009  
Secretary of State

**Current Principal Place of Business:**

ONE INDEPENDENT DRIVE  
SUITE 3201  
JACKSONVILLE, FL 32202 US

**New Principal Place of Business:**

**Current Mailing Address:**

ONE INDEPENDENT DRIVE  
SUITE 3201  
JACKSONVILLE, FL 32202 US

**New Mailing Address:**

FEI Number: 20-4984889

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HURT, SHANE W  
ONE INDEPENDENT DRIVE  
SUITE 3201  
JACKSONVILLE, FL 32202 US

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

WALLACE, MICHAEL J  
ONE INDEPENDENT DRIVE  
SUITE 3201  
JACKSONVILLE, FL 32202 US

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: MICHAEL J. WALLACE

04/20/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PHYSICIANS ADVANTAGE, INC.  
Address: ONE INDEPENDENT DRIVE SUITE 3201  
City-St-Zip: JACKSONVILLE, FL 32202 US

**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 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: MICHAEL J. WALLACE

RA

04/20/2009

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