2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# L06000068923

Entity Name: PHYSICIANS RESOURCE LLC

Current Principal Place of Business:

276 TIMBERLINE TRAIL
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

276 TIMBERLINE TRAIL
ORMOND BEACH, FL 32174 US

New Mailing Address:

FEI Number: 20-5181259 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUCAS, JAY
276 TIMBERLINE TRAIL
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

LUCAS, JAY W
276 TIMBERLINE TRAIL
ORMOND BEACH, FL 32174 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: JAY W LUCAS 04/26/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CANNON, ROCHELLE
Address: 276 TIMBERLINE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGRM ( ) Delete
Name: LUCAS, JAY
Address: 276 TIMBERLINE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CANNON, ROCHELLE R
Address: 276 TIMBERLINE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGRM (X) Change ( ) Addition
Name: LUCAS, JAY W
Address: 276 TIMBERLINE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174 US

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: ROCHELLE R CANNON MGRM 04/26/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date