

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000083430

FILED
Jan 14, 2008
Secretary of State

Entity Name: PHYSICIAN'S MARKETING AND MANAGEMENT, L.L.C.

Current Principal Place of Business:

9291 NUGENT TRAIL
WEST PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

9291 NUGENT TRAIL
WEST PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 56-2606279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DORFMAN, DAVID
9291 NUGENT TRAIL
WEST PALM BEACH, FL 33411 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: PRES () Delete
Name: DORFMAN, DAVID
Address: 9291 NUGENT TRAIL
City-St-Zip: WEST PALM BEACH, FL 33411

Title: VP () Delete
Name: VIA, CAROL
Address: 9291 NUGENT TRAIL
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID J. DORFMAN

PRES

01/14/2008

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