

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

04-27-2007 90038 013 ****50.00

30008330



04232007 Chg-LLC CR2E083 (12/06)

| | | | | | |
|--|---|--|---|---|--|
| DOCUMENT # L06000101372 1. Entity Name PHYSICIANS MANAGEMENT SERVICES, LLC | | | | | |
| Principal Place of Business 560 VILLAGE BLVD., STE. 335 ATTN: CHRISTINE MCKENNA WEST PALM BEACH, FL 33409 | | | Mailing Address 560 VILLAGE BLVD., STE. 335 ATTN: CHRISTINE MCKENNA WEST PALM BEACH, FL 33409 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 20-5763298 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent MCKENNA, CHRISTINE 560 VILLAGE BLVD., STE. 335 WEST PALM BEACH, FL 33409 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HERBST, SETH J 560 VILLAGE BLVD., STE. 335 WEST PALM BEACH, FL 33409 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" 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 | |
| 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 | |
| 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: SETH J HERBST MD 4-23-07 561-798-8975 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____ | | | | | |