2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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DOCUMENT # L06000101372 1. Entity Name PHYSICIANS MANAGEMENT SERVICES, LLC					44 Secretary of State 04-27-2007 90038 013 ****50.00				
ATTN: CHRIST	e of Business BLVD., STE. 335 INE MCKENNA BEACH, FL 33409	Mailing Address 560 VILLAGE BLVD., STE. 335 ATTN: CHRISTINE MCKENNA WEST PALM BEACH, FL 33409		l realization and		-	110 Nil 1 76 10 01	1M) w itti	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04232007	Chg-LLC	CR2E0	083 (12/06)		
City & State		City & State		4. FEI Numb	57632	98		pplied For ot Applicable	
Zip	Country	Zıp	Count	ry	5. Certificate	of Status Desired		\$5.00 Add Fee Require	
•	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	legistered /	Agent	
MCKENNA, CHRISTINE 560 VILLAGE BLVD., STE. 335				Name Street Address (P.O. Box Number is Not Acceptable)					
WEST PALM BEACH, FL 33409			ŀ		····			<u> </u>	
i i			ŀ	City		·	FL	Zip Cod	e
	named entity submits this statement fo ons of registered agent.	r the purpose of changing its	registere	d office or registe	red agent, or bo	h, in the State of Flo	orida. 1 am	familiar with,	and accept
OLONIA TI JOE									
SIGNATURE .	Signature, typed or printed name of registered agent	and 10e if applicable (NOTE	: Registered	Agent signature require	d when remittiong)		DATE		
Fl	Signature, speed or printed name of registered agent ling Foe is \$50.00 ue by May 1, 2007	end title if applicable (NOTE	: Registered	Agent signature require	d when renatating)		te check p	ayable to ent of Stati	
Fl	ling Fee is \$50.00		: Registered	Agent signature require	d ohen renstating)	Florida	te check p a Departm	ent of State	
FI Di	MANAGING MEMBE MGR HERBST, SETH J 560 VILLAGE BLVD., STE. 335	RS/MANAGERS	10. FILE NAME STREE		d ehen rentititing)		te check p a Departm	ent of State	[*)Addition
9. 11 ILLE HAME STREET ADDRESS	ling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE MGR HERBST, SETH J	RS/MANAGERS	10. HILE NAME STREE CITY- TITLE NAME STREE	T ADDRESS ST-ZIP	d when rentitiong)	Florida	te check p a Departm	ent of State	
9. TITLE HAME STREET ADDRESS GIY-SI-ZIP FILE HAME STREET ADDRESS	MANAGING MEMBE MGR HERBST, SETH J 560 VILLAGE BLVD., STE. 335	RS/MANAGERS	TO. HILE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE	T ADDRESS ST-ZIP	d eften rentitiong)	Florida	te check p a Departm	Change	[
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11. I hereby certify that the information supplied with this liting 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 if 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 Statutos.

SIGNATURE:

SEHA J HERBSEMD

4-23-67 561-

561-798-8975

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