2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# L06000106959

Entity Name: PHYSICIANS MEDICALEGAL PREVENTION, LLC

Current Principal Place of Business:

2168 SALT MYRTLE LANE
FLEMING ISLAND, FL 32003

New Principal Place of Business:

Current Mailing Address:

PO BOX 9210
FLEMING ISLAND, FL 32006

New Mailing Address:

PO BOX 9210
ORANGE PARK, FL 32006

FEI Number: 02-0789914 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD., SUITE 101
TALLAHASSEE, FL 323012960 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: MGRM ( ) Delete
Name: WILLIAMS, ALAN G
Address: 2168 SALT MYRTLE LANE
City-St-Zip: FLEMING ISLAND, FL 32003

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: ALAN G. WILLIAMS MGRM 04/23/2008

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