


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90206 036 \*\*\*\*50.00

<b>DOCUMENT # L06000107493</b>	
1. Entity Name <b>COMPREHENSIVE PHYSICIAN CONSULTANTS, LLC</b>	

Principal Place of Business <b>931 VILLAGE BLVD, STE 905-512 WEST PALM BEACH FL 33409</b>	Mailing Address <b>931 VILLAGE BLVD, STE 905-512 WEST PALM BEACH FL 33409</b>
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2. Principal Place of Business - No P.O. Box # <b>Same as Above</b>	3. Mailing Address <b>Same as Above</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State	City & State
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4. FFI Number <b>305830676</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
<b>PANCZAK, STEPHEN P 931 VILLAGE BLVD, STE 905-512 WEST PALM BEACH FL 33409</b>

<b>7. Name and Address of New Registered Agent</b>
Name <b>Same</b>
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b>
Zip Code

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 	DATE <b>3-15-2007</b>

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

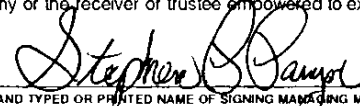
DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGRM PANCZAK, STEPHEN P 931 VILLAGE BLVD, STE 905-512 WEST PALM BEACH FL 33409</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 	Date <b>3-15-2007</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	
Daytime Phone #	