2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2008
Secretary of State

DOCUMENT# L06000107493

Entity Name: COMPREHENSIVE PHYSICIAN CONSULTANTS, LLC

Current Principal Place of Business:

931 VILLAGE BLVD, STE 905-512
WEST PALM BEACH, FL 33409

New Principal Place of Business:

931 VILLAGE BLVD,
SUITE-905-512
WEST PALM BEACH, FL 33409

Current Mailing Address:

931 VILLAGE BLVD, STE 905-512
WEST PALM BEACH, FL 33409

New Mailing Address:

931 VILLAGE BLVD,
SUITE-905-512
WEST PALM BEACH, FL 33409

FEI Number: 20-5830676 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PANCZAK, STEPHEN P
931 VILLAGE BLVD, STE 905-512
WEST PALM BEACH, FL 33409 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: PANCZAK, STEPHEN P
Address: 931 VILLAGE BLVD, STE 905-512
City-St-Zip: WEST PALM BEACH, FL 33409

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: STEPHEN P. PANCZAK MGRM 04/06/2008

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