

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000108792

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** PHYSICIAN'S SERVICES, L.L.C.

**Current Principal Place of Business:**

1143 SR 60 EAST  
LAKE WAKES, FL 33853

**New Principal Place of Business:**

**Current Mailing Address:**

110 WYNDHAM DRIVE  
WINTER HAVEN, FL 33884

**New Mailing Address:**

**FEI Number:** 59-3557599

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PRESLEY, MICHAEL R ESQ.  
3452 W. BOYNTON BEACH BLVD., SUITE 5  
BOYNTON BEACH, FL 33436 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: MGR  
Name: KUNDLAS, KULMEET M.D.  
Address: 110 WYNDHAM DRIVE  
City-St-Zip: WINTER HAVEN, FL 33884

I hereby 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: KULMEET S KUNDLAS

MGRM

04/26/2011

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