

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000028026

FILED
Jan 30, 2009
Secretary of State

Entity Name: PHYSICIANS CHOICE HEALTH CARE LLC

Current Principal Place of Business:

130 PINNACLES DRIVE
PALM COAST, FL 32164

New Principal Place of Business:

Current Mailing Address:

9 HARBOR CENTER DR
SUITE 16
PALM COAST, FL 32137

New Mailing Address:

FEI Number: 41-2232629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FALLON, JOEL R
9 HARBOR CENTER DR
SUITE 16
PALM COAST, FL 32137 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: FALLON, JOEL R
Address: 9 HARBOR CENTER DR
City-St-Zip: PALM COAST, FL 32137

Title: MGR () Delete
Name: LYNN, FALLON A
Address: 9 HARBOR CENTER DR
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOEL FALLON

MGRM

01/30/2009

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