

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000028026

**FILED**  
**Feb 12, 2010**  
**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  
**Name:** FALLON, JOEL R  
**Address:** 9 HARBOR CENTER DR  
**City-St-Zip:** PALM COAST, FL 32137

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

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: JOEL FALLON

MGRM

02/12/2010

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