

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000038929

FILED  
May 10, 2008  
Secretary of State

**Entity Name:** STRATEGIC PHYSICIAN SOLUTIONS, LLC

**Current Principal Place of Business:**

310 EAST PINE ST #150  
ORLANDO, FL 32810

**New Principal Place of Business:**

4048 EVANDER DRIVE  
ORLANDO, FL 32812

**Current Mailing Address:**

4048 EVANDER DR  
ORLANDO, FL 32812

**New Mailing Address:**

FEI Number: 42-1727560      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

WALKER, JEFF  
4048 EVANDER DR  
ORLANDO, FL 32812      US

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: UHRAN, TERRY  
Address: 1942 PALM VIEW DR  
City-St-Zip: APOKA, FL 32712

Title: MGRM      ( ) Delete  
Name: WALKER, JEFFREY E  
Address: 4048 EVANDER DR  
City-St-Zip: ORLANDO, FL 32812

**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: JEFREY E. WALKER

MGRM

05/10/2008

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