2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# L07000050518

Entity Name: PHYSICIAN SERVICES, LLC

Current Principal Place of Business:

6555 POWERLINE ROAD
SUITE 102
FT LAUDERDALE, FL 33309 US

New Principal Place of Business:

12921 SW 1ST AVE
#107-4065
JONESVILLE, FL 32669 US

Current Mailing Address:

6555 POWERLINE ROAD
SUITE 102
FT LAUDERDALE, FL 33309 US

New Mailing Address:

12921 SW 1ST AVE
#107-4065
JONESVILLE, FL 32669 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEW LIFE GROUP, LLC
6555 POWERLINE ROAD
SUITE 102
FT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

FORTALEZA MANAGEMENT LLC
12921 SW 1ST AVE
#107-4065
JONESVILLE, FL 32669 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: BY: S HURLAN, MGR 01/26/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: NEW LIFE GROUP, LLC,
Address: 6555 POWERLINE ROAD, SUITE 102
City-St-Zip: FT LAUDERDALE, FL 33309 US

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: NEW LIFE GROUP, LLC MGR 01/26/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date