2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# L07000055434

Entity Name: PHYSICIANS LIFE CENTERS, LLC

Current Principal Place of Business:

1000 GOODLETTE RD
STE. 100
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

1000 GOODLETTE RD
STE. 100
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 26-0220081 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YAG-HOWARD, CYNDI J
1000 GOODLETTE RD
STE. 100
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

HOWARD, COREY L
1000 GOODLETTE RD
STE. 100
NAPLES, FL 34102 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: COREY HOWARD 01/12/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HOWARD, COREY L
Address: 1000 GOODLETTE RD SUITE 100
City-St-Zip: NAPLES, FL 34102 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: COREY HOWARD OWNE 01/12/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date