

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000065915

FILED
Apr 15, 2008
Secretary of State

Entity Name: PREFERRED PROVIDERS COALITION, LLC

Current Principal Place of Business:

612 SPRUCEWOOD CIR.
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

2965 WEST STATE ROAD 434
SUITE 100
LONGWOOD, FL 32779 US

Current Mailing Address:

612 SPRUCEWOOD CIR.
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

2965 WEST STATE ROAD 434
SUITE 100
LONGWOOD, FL 32779 US

FEI Number: 01-0902788

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRAZEN, BRUCE A
612 SPRUCEWOOD CIR.
ALTAMONTE SPRINGS, FL 32714 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: DRAZEN, BRUCE A
Address: 612 SPRUCEWOOD CIR.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: MGRM () Delete
Name: SOMERS, EDWARD L
Address: 1025 MARJORIE RAWLINGS DR.
City-St-Zip: DELAND, FL 32720 US

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: BRUCE DRAZEN

MGRM

04/15/2008

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