

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000075624

FILED
Mar 10, 2009
Secretary of State

Entity Name: FLORIDA PHYSICIANS NETWORK LLC

Current Principal Place of Business:

747 PONCE DE LEON BLVD.,
408
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

747 PONCE DE LEON BLVD.
408
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 26-0598884

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAST, LOUIS F
4805 N.W. 79 AVE., #9
DORAL, FL 33166 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: MGR () Delete
Name: PIMENTEL, ELEONOR M.D.
Address: 747 PONCE DE LEON BLVD., SUITE 408
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: GARCES, JUAN M.D.
Address: 747 PONCE DE LEON BLVD., SUITE 408
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: PRIEGUEZ, LAZARO M.D.
Address: 747 PONCE DE LEON BLVD., SUITE 408
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: CHOY, PETER M.D.
Address: 747 PONCE DE LEON BLVD., SUITE 408
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: SABATES, CARLOS M.D.
Address: 747 PONCE DE LEON BLVD., SUITE 408
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: PIMENTEL, FRANKLIN M.D.
Address: 747 PONCE DE LEON BLVD., SUITE 408
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

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: ELEONOR PIMENTEL, M.D.

MGR

03/10/2009

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