

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000075624

FILED  
Jan 19, 2011  
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:**

CAST, LILLIAM R  
2525 SW 4TH STREET  
MIAMI, FL 33125 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: LILLIAM R CAST

01/19/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

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

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

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

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

I hereby 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 MD

MGR

01/19/2011

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