2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2012
Secretary of State

DOCUMENT# L07000075624

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, LILLIAM R
2525 SW 4TH STREET
MIAMI, FL 33125 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
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 Statues.

SIGNATURE: ELEONOR PIMENTEL MD MGR 03/11/2012

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