2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2008
Secretary of State

DOCUMENT# L07000092914

Entity Name: PHYSICIANS CHOICE MEDICAL AND PROFESSIONAL SERVICES, LLC

Current Principal Place of Business:

10438 PLEASANT VIEW DRIVE
LEESBURG, FL 34788 US

New Principal Place of Business:

340 W. OAK TERRACE DR.
STE 152
LEESBURG, FL 34748 US

Current Mailing Address:

10438 PLEASANT VIEW DRIVE
LEESBURG, FL 34788 US

New Mailing Address:

FEI Number: 26-1076269 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WALKER, DAWN
10438 PLEASANT VIEW DRIVE
LEESBURG, FL 34788 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: WALKER, DAWN
Address: 10438 PLEASANT VIEW DRIVE
City-St-Zip: LEESBURG, FL 34788

Title: MGRM ( ) Delete
Name: DOMINICK, RAYMOND
Address: 8404 US HIGHWAY 441
City-St-Zip: LEESBURG, FL 34788

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: RAYMOND DOMINICK MGRM 04/27/2008

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