## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000092914

FILED Apr 30, 2009 Secretary of State

Entity Name: PHYSICIANS CHOICE MEDICAL AND PROFESSIONAL SERVICES, LLC

Current Principal Place of Business: New Principal Place of Business:

340 W. OAK TERRACE DR.

STE 152

1310A NORTH SHORE DRIVE
LEESBURG, FL 34748 US

LEESBURG, FL 34748 US

Current Mailing Address: New Mailing Address:

10438 PLEASANT VIEW DRIVE LEESBURG, FL 34788 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WALKER, DAWN
10438 PLEASANT VIEW DRIVE
LEESBURG, FL 34788 US
DOMINICK, RAYMOND
10438 PLEASANT VIEW DRIVE
LEESBURG, FL 34788 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: RAYMOND DOMINICK, MD 04/30/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

 Name:
 WALKER, DAWN
 Name:
 DOMINICK, RAYMOND

 Address:
 10438 PLEASANT VIEW DRIVE
 Address:
 8404 HWY 441

 City-St-Zip:
 LEESBURG, FL 34788
 City-St-Zip:
 LEESBURG, FL 34788

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition Name: DOMINICK, RAYMOND Name: WALKER, DAWN E

 Name:
 DOMINICK, RAYMOND
 Name:
 WALKER, DAWN E

 Address:
 8404 US HIGHWAY 441
 Address:
 8404 US HIGHWAY 441

 City-St-Zip:
 LEESBURG, FL 34788
 City-St-Zip:
 LEESBURG, FL 34788

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 MD MGRM 04/30/2009