

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000095192

FILED  
Jan 04, 2008  
Secretary of State

Entity Name: PHYSICIAN PLACEMENT, L.L.C.

**Current Principal Place of Business:**

14036 COLONIAL GRAND BLVD., STE. 810  
ORLANDO, FL 32837

**New Principal Place of Business:**

**Current Mailing Address:**

14036 COLONIAL GRAND BLVD., STE. 810  
ORLANDO, FL 32837

**New Mailing Address:**

P.O. BOX 770614  
ORLANDO, FL 32877 US

FEI Number: 26-0485931

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SEMINARIO, CESAR S  
14036 COLONIAL GRAND BLVD., STE. 810  
ORLANDO, FL 32837 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: SEMINARIO, CESAR  
Address: 14036 COLONIAL GRAND BLVD., STE. 810  
City-St-Zip: ORLANDO, FL 32837

**ADDITIONS/CHANGES:**

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: CESAR SEMINARIO

MGRM

01/04/2008

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