## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000095192

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

**FILED** Aug 28, 2009 Secretary of State

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

14036 COLONIAL GRAND BLVD., STE. 810 3554 MARLINSPIKE DRIVE ORLANDO, FL 32837

TAMPA, FL 33607

**Current Mailing Address: New Mailing Address:** 

3554 MARLINSPIKE DRIVE P.O. BOX 770614

ORLANDO, FL 32877 US TAMPA, FL 33607

FEI Number: 26-0485931 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

SEMINARIO, CESAR S SEMINARIO, CESAR S 14036 COLÓNIAL GRAND BLVD., STE. 810 3554 MARLIŃSPIKE DRIVE

ORLANDO, FL 32837 TAMPA, FL 33607

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: CESAR SEMINARIO 08/28/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

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

SEMINARIO, CESAR SEMINARIO, CESAR Name: Name: 14036 COLONIAL GRAND BLVD., STE. 810 Address: Address: 3554 MARLINSPIKE DRIVE

City-St-Zip: ORLANDO, FL 32837 City-St-Zip: TAMPA, FL 33607

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** 08/28/2009