2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# L07000099728

Entity Name: COMPREHENSIVE PHYSICIAN SOLUTIONS, LLC

Current Principal Place of Business:

1309 ST. JOHNS BLUFF ROAD
JACKSONVILLE, FL 32225

New Principal Place of Business:

1603 KING ARTHUR RD.
JACKSONVILLE, FL 32211

Current Mailing Address:

1309 ST. JOHNS BLUFF ROAD
JACKSONVILLE, FL 32225

New Mailing Address:

1603 KING ARTHUR RD.
JACKSONVILLE, FL 32211

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MOSER, SHEA M
501 WEST BAY STREET
JACKSONVILLE, FL 32202 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: ERIKSEN, ANDREW
Address: 1309 ST. JOHNS BLUFF ROAD
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ERIKSEN, ANDREW
Address: 1603 KING ARTHUR RD.
City-St-Zip: JACKSONVILLE, FL 32211

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: ANDREW ERIKSEN MGRM 05/01/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date