2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2011
Secretary of State

DOCUMENT# L07000124633

Entity Name: PHYSICIAN BUSINESS SERVICES, LLC

Current Principal Place of Business:

5830-A WEST CYPRESS STREET
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

PO BOX 25317
TAMPA, FL 33622

New Mailing Address:

FEI Number: 59-3734161 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MADLE, ALISTAIR
5830-A WEST CYPRESS STREET
TAMPA, FL 33607 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: CHMN
Name: VONTHRON, JAMES C DR.
Address: 5380 A WEST CYPRESS ST
City-St-Zip: TAMPA, FL 33607

I hereby 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 Statues.

SIGNATURE: JAMES VONTHRON DR. 04/07/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date