2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2009
Secretary of State

DOCUMENT# L08000002991

Entity Name: CENTRAL FLORIDA PHYSICIANS, LLC

Current Principal Place of Business:

333 W MAIN ST
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

333 W MAIN ST
APOPKA, FL 32703

New Mailing Address:

PO BOX 783427
WINTER GARDEN, FL 34778

FEI Number: 80-0141034 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARCA, NICANOR C
333 W MAIN ST
APOPKA, FL 32703 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: ARCA, NICANOR C
Address: 2400 BLACK LAKE BLVD
City-St-Zip: WINTER GARDEN, FL 34787

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: NICANOR C. ARCA MD 01/10/2009

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