2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2010
Secretary of State

DOCUMENT# L08000013168

Entity Name: P.S.P. HMO, LLC

Current Principal Place of Business:

4708 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

4708 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 26-1921938 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIERCE, ROBERT A
227 SOUTH CALHOUN STREET
TALLAHASSEE, FL 323011805 US

Name and Address of New Registered Agent:

PIERCE, ROBERT A
123 SOUTH CALHOUN STREET
TALLAHASSEE, FL 323011517 US

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: _____ 04/14/2010
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: GHAZVINI, BEHZAD
Address: 4708 CAPITAL CIRCLE NW
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGR
Name: GHAZVINI, MEHRAN
Address: 4708 CAPITAL CIRCLE NW
City-St-Zip: TALLAHASSEE, FL 32303

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: BEHZAD GHAZVINI D 04/14/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date