2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000042088

City-St-Zip: PORT CHARLOTTE, FL 33952 US

FILED Feb 08, 2009 Secretary of State

Entity Name: BLUE OCEAN HEALTHCARE PHYSICIANS GROUP, LLC

Current Principal Place of Business:			New Principal Place of Business:		
21300 GER SUITE 1	RTRUDE AVENUE				
	ARLOTTE, FL 33952	US			
Current Mailing Address:			New Mailing Address:		
	MARIE ISLAND DRIVE ARLOTTE, FL 33952	US			
FEI Number:	26-2508703 FEI Nur	nber Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
SHELL, STEVEN D 4000 LEA MARIE ISLAND DRIVE PORT CHARLOTTE, FL FL US					
The above in the State		nis statement for the pu	rpose of changing its registere	ed office or registered agent, or both	
SIGNATUR	RE:				
	Electronic Signat	ure of Registered Ager	nt	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR () Delete SHELL, STEVEN D 4000 LEA MARIE ISLAND PORT CHARLOTTE, FL 3		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	MGR () Delete SHELL, STEPHANIE J 4000 LEA MARIE ISLAND	DRIVE	Title: Name: Address:	() Change () Addition	

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: STEVEN D. SHELL MGR 02/08/2009