

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000042334

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: PHYSICIAN'S CHOICE SERVICES LLC

## Current Principal Place of Business:

75 N.E 6TH AVE STE 104  
DELRAY BEACH, FL 33483

## New Principal Place of Business:

766 S. E. 5TH AVENUE  
DELRAY BEACH, FL 33483

## Current Mailing Address:

75 N.E 6TH AVE STE 104  
DELRAY BEACH, FL 33483

## New Mailing Address:

766 S. E. 5TH AVENUE  
DELRAY BEACH, FL 33483

FEI Number: 38-3786567

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, DOUGLAS MD  
75 N.E 6TH AVE STE 104  
DELRAY BEACH, FL 33483 US

## Name and Address of New Registered Agent:

SMITH, DOUGLAS MD  
766 S. E. 5TH AVENUE  
DELRAY BEACH, FL 33483 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: DOUGLAS SMITH, MD

04/14/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: SMITH, DOUGLAS MD  
Address: 75 N.E 6TH AVE STE 104  
City-St-Zip: DELRAY BEACH, FL 33483

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: SMITH, DOUGLAS MD  
Address: 766 S.E. 5TH AVENUE  
City-St-Zip: DELRAY BEACH, FL 33483

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: DOUGLAS SMITH MD

MAN

04/14/2009

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