

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000062855

FILED
Apr 30, 2009
Secretary of State

Entity Name: PHYSICIANS OF SOUTHWEST FLORIDA, LLC

Current Principal Place of Business:

3 ROBERTS AVENUE
ARCADIA, FL 34266

New Principal Place of Business:

899 E. OAK ST.
ARCADIA, FL 34266

Current Mailing Address:

P O BOX 47132
ST PETERSBURG, FL 33743

New Mailing Address:

899 E. OAK ST.
ARCADIA, FL 34266

FEI Number: 26-2878872

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOROTA, RAYMOND W M.D.
3 SOUTH PINE CIRCLE DR
BELLEAIR, FL 33756 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: BOROTA, RAYMOND W M.D.
Address: 3 SOUTH PINE CIRCLE DR
City-St-Zip: BELLEAIR, FL 33756

Title: MGRM () Delete
Name: NYMARK, CHARLOTTE S
Address: 216 EAST OAK STREET
City-St-Zip: ARCADIA, FL 34266

Title: MGRM () Delete
Name: LEVERSEE GROSSMAN, SUSAN
Address: 4826 SE NAVAJO DRIVE
City-St-Zip: ARCADIA, FL 34266

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHARLOTTE S. NYMARK

MGRM

04/30/2009

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