

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000067954

FILED
May 19, 2009
Secretary of State

Entity Name: IAVG PHYSICIANS GLOBAL, LLC

Current Principal Place of Business:

301 YAMATO ROAD
SUITE 1200
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

301 YAMATO ROAD
SUITE 1200
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 26-3723487 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SCHULMAN, STUART
301 YAMATO ROAD
SUITE 1200
BOCA RATON, FL 33431 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHULMAN, STUART
Address: 301 YAMATO ROAD, SUITE 1200
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM () Delete
Name: SCHULMAN, AARON
Address: 301 YAMATO ROAD, SUITE 1200
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SCHULMAN, STUART
Address: 301 YAMATO ROAD, SUITE 1200
City-St-Zip: BOCA RATON, FL 33431

Title: MGR (X) Change () Addition
Name: SCHULMAN, AARON
Address: 301 YAMATO ROAD, SUITE 1200
City-St-Zip: BOCA RATON, FL 33431

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: STUART SCHULMAN

MGR

05/19/2009

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