

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000069472

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** GLOBAL PHYSICIAN SERVICES , LLC

**Current Principal Place of Business:**

631 OLD MOUNT DORA ROAD  
EUSTIS, FL 32726

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1886  
EUSTIS, FL 32727

**New Mailing Address:**

**FEI Number:** 26-3057110

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CANFIELD, GLORIA B  
631 OLD MOUNT DORA ROAD  
EUSTIS, FL 32726 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  
**Name:** CANFIELD, FREDERICK P  
**Address:** P. O. BOX 1886  
**City-St-Zip:** EUSTIS, FL 32727

**Title:** MGRM  
**Name:** CANFIELD, CHAD P  
**Address:** P. O. BOX 1886  
**City-St-Zip:** EUSTIS, FL 32727

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 Statutes.

**SIGNATURE:** GLORIA B CANFIELD

MBR

04/20/2011

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