

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000081812

FILED
Apr 29, 2012
Secretary of State

Entity Name: PERSONAL PHYSICIANS, LLC

Current Principal Place of Business:

8950 N. KENDALL DRIVE, STE. 302
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

8950 N. KENDALL DRIVE, STE. 302
MIAMI, FL 33176

New Mailing Address:

FEI Number: 26-3251486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGELMAN, LARRY
8950 N. KENDALL DRIVE
302
MIAMI, FL 33176 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: MGR
Name: SPIEGELMAN, LARRY MD
Address: 8950 N. KENDALL DRIVE, STE. 302
City-St-Zip: MIAMI, FL 33176

Title: MGR
Name: MONZON, ANTONIO MD
Address: 8950 N. KENDALL DRIVE, STE. 302
City-St-Zip: MIAMI, FL 33176

Title: MGR
Name: SAFINSKI, ROBERT MD
Address: 8950 N. KENDALL DRIVE, STE. 302
City-St-Zip: MIAMI, FL 33176

Title: MGR
Name: IPARRAGUIRRE, JOSE MD
Address: 8950 N. KENDALL DRIVE, STE. 302
City-St-Zip: MIAMI, FL 33176

Title: MGR
Name: SAFINSKI, ROBERT MD
Address: 8950 N. KENDALL DRIVE, STE. 302
City-St-Zip: MIAMI, FL 33176

Title: MGR
Name: KHAMVONGSA, PETER MD
Address: 8950 N. KENDALL DRIVE, STE. 302
City-St-Zip: MIAMI, FL 33176

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: LARRY SPIEGELMAN

MGR

04/29/2012

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