2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2010
Secretary of State

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Entity Name: PHYSICIANS TRUST, LLC

Current Principal Place of Business:

ONE INDEPENDENT DRIVE
SUITE 3201
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

ONE INDEPENDENT DRIVE
SUITE 3201
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: 26-4410870 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALLACE, MICHAEL J
ONE INDEPENDENT DRIVE
SUITE 3201
JACKSONVILLE, FL 32202 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: WALLACE, MICHAEL J
Address: ONE INDEPENDENT DRIVE, SUITE 3201
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: MGRM
Name: BALL, PHILIP B
Address: ONE INDEPENDENT DRIVE, SUITE 3201
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGRM
Name: BRYAN, CARTER B
Address: ONE INDEPENDENT DRIVE, SUITE 3201
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGRM
Name: BONE, TIMOTHY R
Address: ONE INDEPENDENT DRIVE, SUITE 3201
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGRM
Name: BRYAN, SHELDON C
Address: ONE INDEPENDENT DRIVE, SUITE 3201
City-St-Zip: JACKSONVILLE, FL 32202

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 Statues.

SIGNATURE: MICHAEL J. WALLACE CFO 04/15/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date