2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2010
Secretary of State

DOCUMENT# L09000030976

Entity Name: PHYSICIANS ADVANTAGE, 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: 26-4565747 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PHYSICIANS TRUST, LLC
ONE INDEPENDENT DRIVE
SUITE 3201
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

WALLACE, MICHAEL J
ONE INDEPENDENT DRIVE
SUITE 3201
JACKSONVILLE, FL 32202 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: MICHAEL J. WALLACE 04/15/2010
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: PHYSICIANS TRUST, LLC
Address: ONE INDEPENDENT DRIVE
City-St-Zip: JACKSONVILLE, FL 32202 US

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