2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2010
Secretary of State

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Entity Name: PHYSICIAN MANAGEMENT OF NORTHWEST FLORIDA, LLC

Current Principal Place of Business:

1397 JENKS AVENUE
SUITE #1
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

1397 JENKS AVENUE
SUITE #1
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 27-0338226 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCKENZIE, AMBER N
1397 JENKS AVENUE
SUITE #1
PANAMA CITY, FL 32401 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: MCKENZIE, AMBER N
Address: 1397 JENKS AVENUE, SUITE #1
City-St-Zip: PANAMA CITY, FL 32401

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: AMBER MCKENZIE MGRM 02/01/2010

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