

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000071625

FILED
Apr 08, 2010
Secretary of State

Entity Name: PHYSICIANS MANAGEMENT SOLUTIONS LLC

Current Principal Place of Business:

405 WEKIVA RAPIDS DRIVE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

380 S.STATE ROAD 434
1004 PMB 182
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 27-0638972 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FERRELL, TERI J
405 WEKIVA RAPIDS DRIVE
ALTAMONTE SPRINGS, FL 32714 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: FERRELL, TERI J
Address: 405 WEKIVA RAPIDS DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGRM
Name: WILSON, DEYNA
Address: 6297 RIVER RUN PLACE
City-St-Zip: ORLANDO, FL 32807

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: TERI FERRELL

MGRM

04/08/2010

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