

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000092874

FILED
Mar 30, 2010
Secretary of State

Entity Name: PHYSICIANS' MANAGEMENT AND BILLING SERVICES, LLC

Current Principal Place of Business:

3802 HIGHWAY 90
PACE, FL 32571

New Principal Place of Business:

Current Mailing Address:

3802 HIGHWAY 90
PACE, FL 32571

New Mailing Address:

FEI Number: 35-2371011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MAZZAFERRO, JOE
3802 HIGHWAY 90
PACE, FL 32571 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: PRES
Name: DAUM, MICHAEL M.D.
Address: 3802 HIGHWAY 90
City-St-Zip: PACE, FL 32571

Title: MGRM
Name: KINCAID, ROBERT M.D.
Address: 3802 HIGHWAY 90
City-St-Zip: PACE, FL 32571

Title: MGRM
Name: EPPS, LORNETTA M.D.
Address: 3802 HIGHWAY 90
City-St-Zip: PACE, FL 32571

Title: MGRM
Name: LAROSE, PAUL M.D.
Address: 3802 HIGHWAY 90
City-St-Zip: PACE, FL 32571

Title: MGRM
Name: MIAN, MUNIRA M.D.
Address: 3802 HIGHWAY 90
City-St-Zip: PACE, FL 32571

Title: MGRM
Name: STACHLER, RICHARD M.D.
Address: 3802 HIGHWAY 90
City-St-Zip: PACE, FL 32571

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: MICHAEL DAUM, M.D.

PRES

03/30/2010

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