

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000106633

**FILED**  
**Feb 22, 2010**  
**Secretary of State**

**Entity Name:** PMC PHYSICIAN MANAGEMENT LLC

**Current Principal Place of Business:**

80 SW 8TH STREET, STE 2000  
MIAMI, FL 33130

**New Principal Place of Business:**

**Current Mailing Address:**

80 SW 8TH STREET, STE 2000  
MIAMI, FL 33130

**New Mailing Address:**

**FEI Number:** 32-0294770

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANGEL, SPENCER  
80 SW 8TH STREET, STE 2000  
MIAMI, FL 33130 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: ANGEL, SPENCER  
Address: 80 SW 8TH STREET, STE 2000  
City-St-Zip: MIAMI, FL 33130

Title: MGRM  
Name: CAVANAUGH, MICHAEL  
Address: 80 SW 8TH STREET, STE 2000  
City-St-Zip: MIAMI, FL 33130

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: SPENCER ANGEL

MMBR

02/22/2010

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