

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000111388

FILED
Apr 27, 2011
Secretary of State

Entity Name: PHYSICIANS TRUST MSO "LLC"

Current Principal Place of Business:

1336 SOUTH RIDGE LAKE CIRCLE
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

1336 SOUTH RIDGE LAKE CIRCLE
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 27-3761655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, LARRY E
1336 SOUTH RIDGE LAKE CIRCLE
LONGWOOD, FL 32750 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: MGR
Name: JONES, LARRY E
Address: 1336 SOUTH RIDGE LAKE CIRCLE
City-St-Zip: LONGWOOD, FL 32750

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: LARRY E. JONES

MGR

04/27/2011

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