

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000098962

FILED
Apr 30, 2012
Secretary of State

Entity Name: PHYSICIAN A/R SOLUTIONS LLC

Current Principal Place of Business:

841 NW 73RD AVENUE
PLANTATION, FL 33317 US

New Principal Place of Business:

Current Mailing Address:

841 NW 73RD AVENUE
PLANTATION, FL 33317 US

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOFFE, MICHELE
841 NW 73RD AVENUE
PLANTATION, FL 33317 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: JOFFE, MICHELE
Address: 841 NW 73RD AVENUE
City-St-Zip: PLANTATION, FL 33317 US

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: MICHELE JOFFE

MGR

04/30/2012

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