

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000106631

FILED  
Apr 25, 2012  
Secretary of State

**Entity Name:** PHYSICIANS CHOICE GROUP, L.L.C.

**Current Principal Place of Business:**

3400 CORAL WAY  
7TH FLOOR  
MIAMI, FL 33145

**New Principal Place of Business:**

3400 CORAL WAY  
5TH FLOOR  
MIAMI, FL 33145

**Current Mailing Address:**

3400 CORAL WAY  
7TH FLOOR  
MIAMI, FL 33145

**New Mailing Address:**

3400 CORAL WAY  
5TH FLOOR  
MIAMI, FL 33145

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

MANAGED HEALTHCARE PARTNERS, L.L.C.  
3400 CORAL WAY  
7TH FLOOR  
MIAMI, FL 33145 US

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

MANAGED HEALTHCARE PARTNERS, L.L.C.  
3400 CORAL WAY  
5TH FLOOR  
MIAMI, FL 33145 US

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: JOSEPH DE VERA

04/25/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MANAGED HEALTHCARE PARTNERS, L.L.C.  
Address: 3400 CORAL WAY, 5TH FLOOR  
City-St-Zip: MIAMI, FL 33145

Title: MGRM  
Name: MANAGED CARE HOLDINGS, L.L.C.  
Address: 2899 WEST PROSPECT ROAD, SUITE D  
City-St-Zip: FORT LAUDERDALE, FL 33309

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: MANAGED HEALTHCARE PARTNERS, LLC

MGRM

04/25/2012

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