

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000000706

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA PHYSICIANS TRUST, LLC

**Current Principal Place of Business:**

483 N. SEMORAN BLVD  
SUITE 204  
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

483 N. SEMORAN BLVD  
SUITE 204  
WINTER PARK, FL 32792

**New Mailing Address:**

483 N. SEMORAN BLVD  
SUITE 205  
WINTER PARK, FL 32792

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SAINI, VIKRAM J  
483 N. SEMORAN BLVD  
SUITE 204  
WINTER PARK, FL 32792 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: FLORIDA ACCOUNTABLE CARE SERVICES  
Address: 483 N. SEMORAN BLVD, SUITE 205  
City-St-Zip: WINTER PARK, FL 32792 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: JEFFREY L. GEORGE

CONT

05/01/2012

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