2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2004
Secretary of State

DOCUMENT# L97000000938

Entity Name: PRIMARY CARE PHYSICIANS, P.L.

Current Principal Place of Business:

3460 W. HILLSBORO BLVD.
APARTMENT 104
COCONUT CREEK, FL 330732119 US

New Principal Place of Business:

Current Mailing Address:

3460 W. HILLSBORO BLVD.
APARTMENT 104
COCONUT CREEK, FL 330732119 US

New Mailing Address:

FEI Number: 65-0779065 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RODRIGUEZ, ANTONIO R
3460 W. HILLSBORO BLVD.
APARTMENT 104
COCONUT CREEK, FL 330732119 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/MEMBERS:

Title:	MGRM	( ) Delete
Name:	RODRIGUEZ, DAISY A M.D.	
Address:	3460 W. HILLSBORO BLVD., APT 104	
City-St-Zip:	COCONUT CREEK, FL 330732119 US	
Title:	MGRM	( ) Delete
Name:	RODRIGUEZ, JOSEPH A M.D.	
Address:	5980 SW 15TH STREET	
City-St-Zip:	PLANTATION, FL 333174612 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: DAISY A. RODRIGUEZ, MD MGR 05/04/2004

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