

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000000938

FILED
May 17, 2005
Secretary of State

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)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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

MGRM

05/17/2005

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