


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90270 007 \*\*\*150.00

<b>DOCUMENT # L98000001208</b> 1. Entity Name PREFERRED PHYSICIANS HEALTHCARE ALLIANCE, L.C.	
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Principal Place of Business 20 NORTH ORANGE AVE SUITE 101 ORLANDO, FL 32801	Mailing Address 20 N ORANGE AVE #101 ORLANDO, FL 32801
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**DO NOT WRITE IN THIS SPACE**



02242004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3524277	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  CABRERA, EDWARD 900 BAY DR #1024 MIAMI BEACH, FL 33141
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

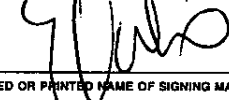
SIGNATURE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CABRERA, EDWARD 900 BAY DR MIAMI BEACH, FL 33141
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**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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:**  **3/8/04** **407-246-1848**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #