

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90156 048 ****50.00

20015053



DOCUMENT # L98000001208 1. Entity Name PREFERRED PHYSICIANS HEALTHCARE ALLIANCE, L.C.					
Principal Place of Business 20 NORTH ORANGE AVE SUITE 101 ORLANDO, FL 32801			Mailing Address 20 N ORANGE AVE #101 ORLANDO, FL 32801		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3524277	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CABRERA, EDWARD 900 BAY DR #1024 MIAMI BEACH, FL 33141				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CABRERA, EDWARD 900 BAY DR MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DIANNA L NOECKER 1261 ARLINGTON PLACE WINTER PARK, FL 32789	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DIANNA L NOECKER 1261 ARLINGTON PLACE WINTER PARK, FL 32789	<input type="checkbox"/> Delete			
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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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date 2-16-05 Daytime Phone #					