

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001208

FILED  
Jan 26, 2006  
Secretary of State

**Entity Name:** PREFERRED PHYSICIANS HEALTHCARE ALLIANCE, L.C.

**Current Principal Place of Business:**

20 NORTH ORANGE AVE  
SUITE 101  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

20 N ORANGE AVE  
#101  
ORLANDO, FL 32801

**New Mailing Address:**

**FEI Number:** 59-3524277

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CABRERA, EDWARD  
900 BAY DR #1024  
MIAMI BEACH, FL 33141 US

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

CABRERA, EDWARD  
20 N ORANGE AVE  
SUITE 101  
ORLANDO, FL 33141 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: EDWARD CABRERA

01/26/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CABRERA, EDWARD  
Address: 4731 ANSON LANE  
City-St-Zip: ORLANDO, FL 32814

Title: MGR ( ) Delete  
Name: NOECKER, DIANNA L  
Address: 1261 ARLINGTON PLACE  
City-St-Zip: WINTER PARK, FL 32789

**ADDITIONS/CHANGES:**

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

Title: MBR (X) Change ( ) Addition  
Name: NOECKER, DIANNA L  
Address: 1261 ARLINGTON PLACE  
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: EDWARD CABRERA

MGR

01/26/2006

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