

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001208

FILED  
Mar 15, 2007  
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  
20 N ORANGE AVE  
SUITE 101  
ORLANDO, FL 33141 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/MANAGERS:**

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

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CABRERA, EDWARD  
Address: 4731 ANSON LANE  
City-St-Zip: ORLANDO, FL 32814

Title: MGRM (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

MGRM

03/15/2007

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