

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001208

FILED
Jan 19, 2008
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: MGRM () Delete
Name: CABRERA, EDWARD
Address: 4731 ANSON LANE
City-St-Zip: ORLANDO, FL 32814

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

I hereby certify that the information supplied with this filing does not qualify 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

CEO

01/19/2008

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