2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001208

FILED Mar 20, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

20 NORTH ORANGE AVE 2450 MAITLAND CENTER PARKWAY

SUITE 101 SUITE 203

ORLANDO, FL 32801 MAITLAND, FL 32751

Current Mailing Address: New Mailing Address:

20 N ORANGE AVE 2450 MAITLAND CENTER PARKWAY

#101 SUITE 203 ORLANDO, FL 32801 MAITLAND

MAITLAND, FL 32751

FEI Number: 59-3524277 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CABRERA, EDWARD CABRERA, EDWARD

20 N ORANGE AVE 2450 MAITLAND CENTER PARKWAY

SUITE 101 SUITE 203

ORLANDO, FL 33141 US MAITLAND, FL 32751 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 03/20/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 CABRERA, EDWARD
 Name:

 Address:
 4731 ANSON LANE
 Address:

 City-St-Zip:
 ORLANDO, FL 32814
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 NOECKER, DIÁNNA L
 Name:

 Address:
 1261 ARLINGTON PLACE
 Address:

 City-St-Zip:
 WINTER PARK, FL 32789
 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 MGRM 03/20/2009