

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # L99000000049

1. Entity Name
FLORIDA PHYSICIANS HEALTH CARE GROUP, L.C.



Principal Place of Business
**6540 NW 40TH COURT
BOCA RATON, FL 33496**

Mailing Address
**6540 N.W. 40TH COURT
BOCA RATON, FL 33496**



04272007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0884867

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NADEL, JEFFREY A
6540 N.W. 40TH CT.
BOCA RATON, FL 33496**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GARCIA, RUBEN
1801 MICHIGAN AVENUE
MIAMI BEACH, FL 33139**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
NADEL, JEFF
6540 N.W. 40TH COURT
BOCA RATON, FL 33496**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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U00000756365
05/23/07-80027-013 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

Jeffrey A. Nadel, MEMBER
JEFFREY A. NADEL, MEMBER

Date

4/27/07

Daytime Phone #