2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2007 08:00 A
Secretary of State

DOCUMENT # L99000007226

1. Entity Name
COCONUT CREEK PHYSICIANS, P.L.

Principal Place of Business	Mailing Address
3880 COCONUT CREEK PARKWAY COCONUT CREEK, FL 33066	3880 COCONUT CREEK PARKWAY COCONUT CREEK, FL 33066

DO NOT WRITE IN THIS SPACE

01092007No Chg-LLC CR2E083 (11/05)

4. FEI Number
65-0958084

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KORNBERG, JOEL M.D.
7301-A WEST PALMETTO PARK ROAD, SUITE 305C
BOCA RATON, FL 33433

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	ANGELILLO, MICHAEL M.D.
STREET ADDRESS	3880 COCONUT CREEK PARKWAY
CITY-ST-ZIP	COCONUT CREEK, FL 33066
TITLE	MGR
NAME	FLIGNOR, WILLIAM M.D.
STREET ADDRESS	3880 COCONUT CREEK PARKWAY
CITY-ST-ZIP	COCONUT CREEK, FL 33066
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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01/26/07-80015-022 50.00

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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: William A Flignor, MD 1-17-07 (954)973-9666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #