

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000007286

**FILED**  
**May 04, 2010**  
**Secretary of State**

**Entity Name:** NATIONAL PHYSICIANS SERVICES, LLC

**Current Principal Place of Business:**

7220 NW 36 STREET  
SUITE 103  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

7220 NW 36 STREET  
SUITE 103  
MIAMI, FL 33166

**New Mailing Address:**

**FEI Number:** 65-1013089      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

DENES, GREG  
14255 U.S. HIGHWAY ONE  
SUITE 243  
JUNO BEACH, FL 33408 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** JOHNSON, RON  
**Address:** 7220 NW 36 STREET  
**City-St-Zip:** MIAMI, FL 33166

I hereby 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: RON JOHNSON

MGR

05/04/2010

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