2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008
Secretary of State

DOCUMENT# L99000008450

Entity Name: PREMIER PHYSICIAN MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

1991 MAIN STREET,
SUITE 209
SARASOTA, FL 34236 US

New Principal Place of Business:

6802 ENERGY COURT
SARASOTA, FL 34240 US

Current Mailing Address:

1991 MAIN STREET,
SUITE 209
SARASOTA, FL 34236 US

New Mailing Address:

6802 ENERGY COURT
SARASOTA, FL 34240 US

FEI Number: 65-0968856 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLALOCK, WALTERS, HELD & JOHNSON, PA
802 11TH ST. WEST
BRADENTON, FL 34205 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: MGR ( ) Delete
Name: BLANKENSHIP, THOMAS E
Address: 1991 MAIN STREET, SUITE 209
City-St-Zip: SARASOTA, FL 34236 US

Title: MGR ( ) Delete
Name: VALE, KAREN V
Address: 1991 MAIN STREET, SUITE 209
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BLANKENSHIP, THOMAS E
Address: 6802 ENERGY COURT
City-St-Zip: SARASOTA, FL 34240 US

Title: MGR (X) Change ( ) Addition
Name: VALE, KAREN V
Address: 6802 ENERGY COURT
City-St-Zip: SARASOTA, FL 34240

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: KAREN V. VALE MGR 02/11/2008

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