2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2004
Secretary of State

DOCUMENT# L99000009148

Entity Name: PHYSICIANS BENEFIT CORPORATION, LLC

Current Principal Place of Business:

1575 SAN IGNACIO AVENUE
STE. 400
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

1575 SAN IGNACIO AVENUE
STE. 400
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 65-0967177 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

METSCH, BENJAMIN
1455 N.W. 14TH STREET
MIAMI, FL 33125 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/MEMBERS:

Title: MGRM ( ) Delete
Name: PHYSICIANS SERVICES,, LLC
Address: 1455 NW 14TH ST
City-St-Zip: MIAMI, FL 33125

Title: MGRM (X) Delete
Name: CAPITAL COORDINATION, SERVICES, INC
Address: 6401 SW 87TH AVE., STE. 208
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PHYSICIANS SERVICES, LLC MGRM 04/21/2004

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