


# 2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 FEB -8 AM 10:30

<b>DOCUMENT # L99000009148</b> 1. Entity Name PHYSICIANS BENEFIT CORPORATION, LLC					
Principal Place of Business 1575 SAN IGNACIO AVENUE STE. 400 CORAL GABLES, FL 33146			Mailing Address 1575 SAN IGNACIO AVENUE STE. 400 CORAL GABLES, FL 33146		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		10282004    Chg-LLC    CR2E083 (10/03)	
4. FEI Number 65-0967177				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
METSCH, BENJAMIN 1455 N.W. 14TH STREET MIAMI, FL 33125			Name DENES, GREG Street Address (P.O. Box Number is Not Acceptable) 14255 U.S. Highway One, Ste. 243 City    Juno Beach    FL    Zip Code 33408		
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 <u>12/9/04</u> <small>Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Amended AR is \$50.00</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PHYSICIANS SERVICES, LLC 1455 NW 14TH ST MIAMI, FL 33125	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____ Date <u>11/26/04</u> Daytime Phone # <u>305 970-8443</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					