

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000009148

FILED  
Jan 25, 2006  
Secretary of State

**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:**

DENES, GREG  
14255 U.S. HIGHWAY ONE  
SUITE 243  
JUNO BEACH, FL 33408 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: MGRM ( ) Delete  
Name: PHYSICIANS SERVICES,, LLC  
Address: 1455 NW 14TH ST  
City-St-Zip: MIAMI, FL 33125

Title: MGRM ( ) Delete  
Name: THE PHYSICIANS ADVOC, ATE, LLC  
Address: 1900 W. COMMERCIAL BLVD, SUITE 123  
City-St-Zip: FT. LAUDERDALE, FL 33309

**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 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: GREG DENES

AGT

01/25/2006

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