

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000009148

FILED
May 01, 2007
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:

1300 S US1
BUNNELL, FL 32110

Current Mailing Address:

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

New Mailing Address:

P.O. BOX 959
BUNNELL, FL 32110

FEI Number: 65-0967177 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:

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 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: JULIAN CANTILLO

MGR

05/01/2007

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