

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # M01000000401

1. Entity Name
PARTNERS HEALTH GROUP - FLORIDA, LLC



Principal Place of Business
111 W. MICHIGAN ST.
MILWAUKEE, WI 53203

Mailing Address
111 W. MICHIGAN ST.
MILWAUKEE, WI 53203



01062007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
PARTNERS HEALTH GROUP, LLC
111 W. MICHIGAN ST.
MILWAUKEE, WI 53203

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05/03/07-80004-008 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Richard Bertrand Richard Bertrand 4/11/07 414-908-8093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #