


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000002631 1. Entity Name PHYSICIANS MEDICAL MANAGEMENT, LLC	
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Principal Place of Business 1600 S. FEDERAL HWY, STE 611 POMPANO BEACH, FL 33062	Mailing Address 1600 S. FEDERAL HWY, STE 611 POMPANO BEACH, FL 33062
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DO NOT WRITE IN THIS SPACE



02102006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1179284	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LABINER, PAUL S 5499 N. FEDERAL HWY., STE. K BOCA RATON, FL 33487
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**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)

**Filing Fee is \$50.00
Due by May 1, 2006**

000000436121
02/27/06-80024-021 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR KASSIN, KENNETH MD 1600 S. FEDERAL HWY, STE 611 POMPANO BEACH, FL 33062
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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: Paul S. Labiner MD Manager 2/13/06 954 9418100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #