2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2013
Secretary of State
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Entity Name: PHYSICIAN PRACTICE ADVANTAGE LLC

Current Principal Place of Business:

6145 NW HELMSDALE WAY
PORT ST LUCIE, FL 34983

Current Mailing Address:

6145 NW HELMSDALE WAY
PORT ST LUCIE, FL 34983

FEI Number: 46-0815007

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANZ, CHRISTOPHER
6145 NW HELMSDALE WAY
PORT ST LUCIE, FL 34983 US

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

Authorized Person(s) Detail :

Title	MGRM
Name	SANZ, CHRISTOPHER
Address	6145 NW HELMSDALE WAY
City-State-Zip:	PORT ST LUCIE FL 34983

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTOPHER SANZ MANAGER 04/01/2013

Electronic Signature of Signing Authorized Person(s) Detail — Date