

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000101669

**Entity Name:** PHYSICIAN'S CHOICE SERVICES, LLC

**Current Principal Place of Business:**

1505 N. FLORIDA AVENUE  
TAMPA, FL 33601

**Current Mailing Address:**

1505 N. FLORIDA AVENUE  
TAMPA, FL 33601 US

**FEI Number:** 47-1198891

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CLARKE, PHILIP  
1505 N. FLORIDA AVENUE  
TAMPA, FL 33601 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	MGR
Name	LEISURE, JODI
Address	622 BYPASS DRIVE
City-State-Zip:	CLEARWATER FL 33764

Title	MGR
Name	CLARKE, PHILIP
Address	1505 N. FLORIDA AVENUE
City-State-Zip:	TAMPA FL 33601

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PHILIP CLARKE

**MANAGER**

**02/26/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date