

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90019 012 ****50.00

DOCUMENT # L00000008327

1. Entity Name

PHYSICIAN PLAZA, LLC

Principal Place of Business

**603 7TH ST. SOUTH. SUITE 400
 ST. PETERSBURG FL 33707**

Mailing Address

**603 7TH ST. SOUTH. SUITE 400
 ST. PETERSBURG FL 33707**

80048139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3663604

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BORSCHER, T J
 603 7TH ST., SOUTH, STE 400
 ST PETERSBURG FL 33707**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**MEM
 HUCHE, JOHN P
 603 7TH ST SO.
 ST PETERSBURG FL**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

HOCHE, JOHN P

☒ Change ☐ Addition

Name Incorrect

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**MEM
 WITT, JEFFREY R
 603 7TH ST SO.
 ST PETERSBURG FL**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**MEM
 PRAWER, JOEL
 603 7TH ST SO.
 ST PETERSBURG FL**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**MEM
 MORSTEIN, MARIE
 603 7TH ST SO.
 ST PETERSBURG FL**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

NORSTEIN, Mark

☒ Change ☐ Addition

Name Incorrect

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**MEM
 ROSENTHAL, ANDREW D
 603 7TH ST SO.
 ST PETERSBURG FL**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

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

Date

Daytime Phone #

2/27/02

727-329-1600

CR2E083 (9/01)