

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000008327 1. Entity Name PHYSICIAN PLAZA, LLC	
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Principal Place of Business 255 COREY AVENUE ST. PETE BEACH, FL 33706	Mailing Address P.O. BOX 67128 ST. PETE BEACH, FL 33736
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DO NOT WRITE IN THIS SPACE



01262006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3663604	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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8. Name and Address of Current Registered Agent KLINGEL, JOSEPH W 255 COREY AVENUE ST. PETE BEACH, FL 33706

**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 reappointing) **DATE** 04/11/06

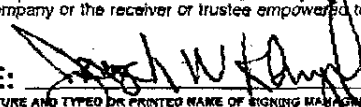
**Filing Fee is \$50.00
Due by May 1, 2006**

04/11/06-80110-018 50.00

D. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KLINGEL, JOSEPH W P.O. BOX 67128 ST. PETE BEACH, FL 33736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRAWER, JOEL P.O. BOX 67128 ST. PETE BEACH, FL 33736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NORSTEIN, MARK P.O. BOX 67128 ST. PETE BEACH, FL 33736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **3/20/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #