2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT #L00000008327

1. Entity Name
PHYSICIAN PLAZA, LLC

Principal Place of Business	Mailing Address
255 COREY AVENUE ST. PETE BEACH, FL 33706	P.O. BOX 67128 ST. PETE BEACH, FL 33736

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01262006No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3663604
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KLINGEL, JOSEPH W
255 COREY AVENUE
ST. PETE BEACH, FL 33706

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. *(NOTE: Registered Agent signature required when reinstating)*

U00000048325A
04/11/06-80110-018 50.00

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	KLINGEL, JOSEPH W
STREET ADDRESS	P.O. BOX 67128
CITY-ST-ZIP	ST. PETE BEACH, FL 33736
TITLE	MGRM
NAME	PRAWER, JOEL
STREET ADDRESS	P.O. BOX 67128
CITY-ST-ZIP	ST. PETE BEACH, FL 33736
TITLE	MGRM
NAME	NORSTEIN, MARK
STREET ADDRESS	P.O. BOX 67128
CITY-ST-ZIP	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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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: Joseph W Klingel 3/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #