

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L00000012035

1. Entity Name

PHYSICIAN REALTY COMPANY, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 17 PM 12:13

Principal Place of Business 5700 LAKE WORTH ROAD, SUITE 204 LAKE WORTH FL 33463	Mailing Address 5700 LAKE WORTH ROAD, SUITE 204 LAKE WORTH FL 33463
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MOORE CR2E083 (11/03)

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-1046505		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
PIASECKI, PHILIP 5700 LAKE WORTH ROAD, SUITE 204 LAKE WORTH FL 33463				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. 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)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMONS, WILLIAM			NAME			
STREET ADDRESS	5401 CONGRESS			STREET ADDRESS			
CITY-ST-ZIP	ATLANTIS FL 33462			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRASNER, STEPHEN MD			NAME			
STREET ADDRESS	5503 S CONGRESS AVE., STE 103			STREET ADDRESS			
CITY-ST-ZIP	ATLANTIS FL 33462			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LYSAKER, EARL-MD			NAME			
STREET ADDRESS	5503 S CONGRESS AVE., STE 103			STREET ADDRESS			
CITY-ST-ZIP	ATLANTIS FL 33462			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUDWIG, WILLIAM MD			NAME			
STREET ADDRESS	5503 S CONGRESS AVE., STE 103			STREET ADDRESS			
CITY-ST-ZIP	ATLANTIS FL 33462			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOME, ROBERT			NAME			
STREET ADDRESS	1490 FOREST HILL BLVD			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33406			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ASLANIAN, GREGORY MD			NAME			
STREET ADDRESS	8188 JOG ROAD, SUITE 204			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33437			CITY-ST-ZIP			

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: *Philip Piasecki* **PIASECKI** *2/9/04* *561 968 7968*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # X101