

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000012035

FILED  
Jan 16, 2006  
Secretary of State

Entity Name: PHYSICIAN REALTY COMPANY, LLC

**Current Principal Place of Business:**

5700 LAKE WORTH ROAD, SUITE 204  
LAKE WORTH, FL 33463

**New Principal Place of Business:**

**Current Mailing Address:**

5700 LAKE WORTH ROAD, SUITE 204  
LAKE WORTH, FL 33463

**New Mailing Address:**

FEI Number: 65-1046505

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PIASECKI, PHILIP  
5700 LAKE WORTH ROAD, SUITE 204  
LAKE WORTH, FL 33463 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SIMONS, WILLIAM  
Address: 5401 CONGRESS  
City-St-Zip: ATLANTIS, FL 33462

Title: MGR ( ) Delete  
Name: KRASNER, STEPHEN MD  
Address: 5503 S CONGRESS AVE., STE 103  
City-St-Zip: ATLANTIS, FL 33462

Title: MGRM ( ) Delete  
Name: LYSAKER, EARL MD  
Address: 5503 S CONGRESS AVE., STE 103  
City-St-Zip: ATLANTIS, FL 33462

Title: MGRM ( ) Delete  
Name: LUDWIG, WILLIAM MD  
Address: 5503 S CONGRESS AVE., STE 103  
City-St-Zip: ATLANTIS, FL 33462

Title: MGRM ( ) Delete  
Name: TOME, ROBERT  
Address: 1490 FOREST HILL BLVD  
City-St-Zip: WEST PALM BEACH, FL 33406

Title: MGRM ( ) Delete  
Name: ASLANIAN, GREGORY MD  
Address: 8188 JOG ROAD, SUITE 204  
City-St-Zip: BOYNTON BEACH, FL 33437

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ROBERT TOME

MGRM

01/16/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date