

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000012035

FILED
Jan 04, 2007
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
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Address:
City-St-Zip:

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

Title: () Change () Addition
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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: STEPHEN KRASNER, MD

MGR

01/04/2007

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