

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90103 030 ****50.00

DOCUMENT # L00000012035



1. Entity Name
PHYSICIAN REALTY COMPANY, LLC

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**

20014719



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1046505**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

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, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/6/03

Date

Daytime Phone #

CR2E083 (10/02)