

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008327

Entity Name: PHYSICIAN PLAZA, LLC

Current Principal Place of Business:

255 COREY AVENUE
ST. PETE BEACH, FL 33706

Current Mailing Address:

255 COREY AVENUE
ST. PETE BEACH, FL 33706

FEI Number: 59-3663604

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Authorized Person(s) Detail :

Title MGRM
Name KLINGEL, JOSEPH W
Address P.O. BOX 67128
City-State-Zip: ST. PETE BEACH FL 33736

Title MGRM
Name PRAWER, JOEL
Address P.O. BOX 67128
City-State-Zip: ST. PETE BEACH FL 33736

Title MGRM
Name NORSTEIN, MARK
Address P.O. BOX 67128
City-State-Zip: ST. PETE BEACH FL 33736

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH W. KLINGEL

MANAGING MEMBER

04/11/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date