

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000210762

**Entity Name:** PHYSICIAN REAL ESTATE PROFESSIONALS LLC

**Current Principal Place of Business:**

16903 LAKESIDE DRIVE  
SUITE 6  
MONTEVERDE, FL 34756

**Current Mailing Address:**

16903 LAKESIDE DRIVE, SUITE 6  
PO BOX 560343  
MONTVERDE, FL 34756 US

**FEI Number:** 83-2908102

**Certificate of Status Desired:** No

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

OLYMPUS EXECUTIVE REALTY INC  
16903 LAKESIDE DRIVE  
SUITE 6  
MONTEVERDE, FL 34756 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 OLYMPUS EXECUTIVE REALTY INC  
Address 16903 LAKESIDE DRIVE SUITE 6  
City-State-Zip: MONTEVERDE FL 34756

Title MGRM  
Name PACHECO, VICTOR  
Address 16903 LAKESIDE DRIVE  
SUITE 6  
City-State-Zip: MONTEVERDE FL 34756

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** VICTOR PACHECO

**MGRM**

**04/27/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date