

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # L00000008327

1. Entity Name
PHYSICIAN PLAZA, LLC



Principal Place of Business
**255 COREY AVENUE
ST. PETE BEACH, FL 33706**

Mailing Address
**P.O. BOX 67128
ST. PETE BEACH, FL 33736**



01252008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3663604

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000831460
04/23/08-80027-004 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KLINGEL, JOSEPH W
STREET ADDRESS	P.O. BOX 67128
CITY-ST-ZIP	ST. PETE BEACH, FL 33736
TITLE	MGRM
NAME	PRAWER, JOEL
STREET ADDRESS	P.O. BOX 67128
CITY-ST-ZIP	ST. PETE BEACH, FL 33736
TITLE	MGRM
NAME	NORSTEIN, MARK
STREET ADDRESS	P.O. BOX 67128
CITY-ST-ZIP	ST. PETE BEACH, FL 33736
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

Joseph W. Klingel

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

Date

Daytime Phone #