## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L00000008327

Entity Name: PHYSICIAN PLAZA, LLC

FILED Apr 13, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

255 COREY AVENUE ST. PETE BEACH, FL 33706

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 67128 255 COREY AVENUE

ST. PETE BEACH, FL 33736 ST. PETE BEACH, FL 33706

FEI Number: 59-3663604 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

MGRM () Delete Title: () Change () Addition

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

Title: MGRM () Delete Title: () Change () Addition

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

Title: MGRM () Delete Title: () Change () Addition

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

I hereby certify that the information supplied with this filing does not qualify 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: JOSEPH W. KLINGEL **MGRM** 04/13/2009