

FILED
Feb 21, 2002 8:00 am
Secretary of State

01-16-2002 90260 037 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65 1046505 **APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

65 1046505

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.

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 \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

1360
0000-000-000

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **PD** Delete
NAME **SMITH, FRED MD**
STREET ADDRESS **5503 S CONGRESS AVE., STE 206**
CITY-ST-ZIP **ATLANTIS FL 33462**

TITLE **D** Change Addition
NAME **SIMONS, WILLIAM MD**
STREET ADDRESS **5401 CONGRESS**
CITY-ST-ZIP **ATLANTIS, FL 33462**

TITLE **VD** Delete
NAME **KRASNER, STEPHEN MD**
STREET ADDRESS **5503 S CONGRESS AVE., STE 103**
CITY-ST-ZIP **ATLANTIS FL 33462**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** Delete
NAME **LYSAKER, EARL MD**
STREET ADDRESS **5503 S CONGRESS AVE., STE 103**
CITY-ST-ZIP **ATLANTIS FL 33462**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **LUDWIG, WILLIAM MD**
STREET ADDRESS **5503 S CONGRESS AVE., STE 103**
CITY-ST-ZIP **ATLANTIS FL 33462**

TITLE **PD** Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** Delete
NAME **TOME, ROBERT**
STREET ADDRESS **1490 FOREST HILL BLVD**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **ASLANIAN, GREGORY MD**
STREET ADDRESS **8188 JOG ROAD, SUITE 204**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE Change Addition
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: *William Ludwig*

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

1/7/02

2/14/02

Date

Daytime Phone #

CR2E083 (9/01)