FILED
Apr 26, 2004 08:00 AM
Secretary of State

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000014562

1. Entity Name
PHYSICIAN RESOURCES, L.L.C.

Principal Place of Business	Mailing Address
1175 SOUTH U.S. HWY 1 VERO BEACH, FL 32962	1175 SOUTH U.S. HWY 1 VERO BEACH, FL 32962

DO NOT WRITE IN THIS SPACE

03312004No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3742388
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BLODIG, GREGORY J ESQ.
100 WEST CYPRESS CREEK ROAD
SUITE 700
FT. LAUDERDALE, FL 33309

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	JANKE, WALTER H
STREET ADDRESS	1175 SOUTH U.S. HWY 1
CITY-ST-ZIP	VERO BEACH, FL 32962
TITLE	CEO
NAME	JANKE, WALTER H
STREET ADDRESS	1175 SOUTH U.S. HWY 1
CITY-ST-ZIP	VERO BEACH, FL 32962
TITLE	COO
NAME	JANKE, LALITA
STREET ADDRESS	1175 SOUTH U.S. HWY 1
CITY-ST-ZIP	VERO BEACH, FL 32962
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/26/04-80116-019 50.00

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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: _____ Walter H. Janke, MD 04-19-04 772-410-1101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #