

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000014562

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



Principal Place of Business

1175 SOUTH U.S. HWY 1
VERO BEACH, FL 32962

Mailing Address

1175 SOUTH U.S. HWY 1
VERO BEACH, FL 32962



04182005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

**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

**Filing Fee is \$50.00
Due by May 1, 2005**

000000343905
04/29/05-80114-017 50.00

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	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

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

Date

Daytime Phone #

Walter H. Janke, MD 04-26-05 772-410-0276