

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 30, 2006 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



08282006 No Chg-LLC

CR2E083 (11/05)

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 reconstituting)

DATE _____

Filing Fee is \$50.00
Due by September 6, 2006

U00000575668
08/30/06-80004-003 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

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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 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: _____

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

8/28/06

Date

772-794-0030

Daytime Phone #