


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90023 011 \*\*\*\*50.00

DOCUMENT # L02000023857 1. Entity Name PHYSICIAN PROPERTIES, LLC	
------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 2430 JENKS AVENUE PANAMA CITY, FL 32405	Mailing Address 2430 JENKS AVENUE PANAMA CITY, FL 32405
---------------------------------------------------------------------------	---------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



03162005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 05-0531036	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

NANJI, KIRAN K  
2430 JENKS AVENUE  
PANAMA CITY, FL 32405

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 \_\_\_\_\_ 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, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NANJI, KIRAN K 2430 JENKS AVENUE PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GAITHER, FRED E II 2430 JENKS AVENUE PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PATEL, KETAN A 489 N. TYNDALL PKWY CALLAWAY, FL 32404
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JENSEN, SHAYNE R 2201 JENKS AVENUE PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE  
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)(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:  **KETAN A. PATEL**      4-1-05      850-819-8280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #