

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000337

FILED  
Sep 18, 2009  
Secretary of State

**Entity Name:** RESORT PHYSICIANS LLC

**Current Principal Place of Business:**

14850 LONE EAGLE DRIVE  
ORLANDO, FL 32837 US

**New Principal Place of Business:**

**Current Mailing Address:**

14850 LONE EAGLE DRIVE  
ORLANDO, FL 32837 US

**New Mailing Address:**

P.O. BOX 772466  
ORLANDO, FL 32877 US

**FEI Number:** 34-2030260

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLEHL, THOMAS  
14850 LONE EAGLE DRIVE  
ORLANDO, FL 32837 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BLEHL, THOMAS  
Address: 14850 LONE EAGLE DRIVE  
City-St-Zip: ORLANDO, FL 32837

Title: MGRM ( ) Delete  
Name: BLEHL, MARY E  
Address: 14850 LONE EAGLE DRIVE  
City-St-Zip: ORLANDO, FL 32837

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** THOMAS BLEHL

MGRM

09/18/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date