

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000006500

1. Entity Name
PHYSICIANS MANAGEMENT RESOURCES, L.L.C.



Principal Place of Business
810 S.E. 5TH STREET
OCALA, FL 34471

Mailing Address
810 S.E. 5TH STREET
OCALA, FL 34471



04252008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-1670759

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GASSMAN, ALAN S
1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756

**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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000936197
05/23/08-80101-021 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TAYLOR, DAVID P 810 SE 5TH ST OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TAYLOR, DOLORES C 810 SE 5TH ST OCALA, FL 34471
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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: David P. Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/25/08
Date

Daytime Phone # _____