

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000006500

FILED
May 01, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 84-1670759 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: TAYLOR, DAVID P
Address: 810 SE 5TH ST
City-St-Zip: Ocala, FL 34471

Title: MGR () Delete
Name: TAYLOR, DOLORES C
Address: 810 SE 5TH ST
City-St-Zip: Ocala, FL 34471

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: DAVID P. TAYLOR

MGRM

05/01/2009

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