2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2007
Secretary of State

DOCUMENT# L06000011874

Entity Name: PHYSICIAN LAND HOLDINGS, LLC

Current Principal Place of Business:

8230 VIA VERONA
ORLANDO, FL 32836

New Principal Place of Business:

Current Mailing Address:

8230 VIA VERONA
ORLANDO, FL 32836

New Mailing Address:

FEI Number: 20-4478494 **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:

WEPRIN, RYAN
8230 VIA VERONA
ORLANDO, FL 32836 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:	WEPRIN, RYAN M.D.	
Address:	8230 VIA VERONA	
City-St-Zip:	ORLANDO, FL 32836	
Title:	MGRM	( ) Delete
Name:	KUSHNIR, CRAIG D.O.	
Address:	8230 VIA VERONA	
City-St-Zip:	ORLANDO, FL 32836	
Title:	MGRM	( ) Delete
Name:	MCDONALD, WILLIAM	
Address:	1180 S.COUNTY RD., 350 WEST	
City-St-Zip:	CONNERSVILLE, IN 47331	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: RYAN WEPRIN MGRM 07/10/2007

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