

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000011874

FILED
Apr 02, 2009
Secretary of State

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 ()

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 US

Title: MGRM () Delete
Name: KUSHNIR, CRAIG D.O.
Address: 8230 VIA VERONA
City-St-Zip: ORLANDO, FL 32836 US

Title: MGRM () Delete
Name: MCDONALD, WILLIAM
Address: 1180 S.COUNTY RD., 350 WEST
City-St-Zip: CONNERSVILLE, IN 47331 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: KUSHNIR, CRAIG D.O.
Address: 365 SE 6TH AVE UNIT # SOUTH 301
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: MGRM (X) Change () Addition
Name: MCDONALD, WILLIAM M.D.
Address: 1180 S.COUNTY RD., 350 WEST
City-St-Zip: CONNERSVILLE, IN 47331 US

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

DR.

04/02/2009

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