

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000011874

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Entity Name:** PHYSICIAN LAND HOLDINGS, LLC

**Current Principal Place of Business:**

7540 POINTE VENEZIA DR  
ORLANDO, FL 32836

**New Principal Place of Business:**

**Current Mailing Address:**

7540 POINTE VENEZIA DR  
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  
7540 POINTE VENEZIA DR  
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  
**Name:** WEPRIN, RYAN M.D.  
**Address:** 7540 POINTE VENEZIA DR.  
**City-St-Zip:** ORLANDO, FL 32836 US

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

**Title:** MGRM  
**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 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

MGR

03/21/2012

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