

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000068923

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: PHYSICIANS RESOURCE LLC

## Current Principal Place of Business:

276 TIMBERLINE TRAIL  
ORMOND BEACH, FL 32174 US

## New Principal Place of Business:

725 W. GRANADA BLVD  
ORMOND BEACH, FL 32174 US

## Current Mailing Address:

276 TIMBERLINE TRAIL  
ORMOND BEACH, FL 32174 US

## New Mailing Address:

226 N. NOVA ROAD  
182  
ORMOND BEACH, FL 32174 US

FEI Number: 20-5181259

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LUCAS, JAY W  
276 TIMBERLINE TRAIL  
ORMOND BEACH, FL 32174 US

## Name and Address of New Registered Agent:

LUCAS, J  
725 W. GRANADA BLVD  
ORMOND BEACH, FL 32174 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: J. LUCAS

04/30/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: CANNON, ROCHELLE R  
Address: 276 TIMBERLINE TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGRM (X) Delete  
Name: LUCAS, JAY W  
Address: 276 TIMBERLINE TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174 US

## 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: ROCHELLE CANNON

MGMR

04/30/2008

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