

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000053033

FILED
Jan 23, 2009
Secretary of State

Entity Name: PHYSICIANS RENAISSANCE MANAGMENT, LLC

Current Principal Place of Business:

1668 S TELEGRAPH RD STE 140
BLOOMFIELD HILLS, MI 48302

New Principal Place of Business:

Current Mailing Address:

1668 S TELEGRAPH RD STE 140
BLOOMFIELD HILLS, MI 48302

New Mailing Address:

FEI Number: 59-3256800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IANNI, NICHOLAS A JR
309 22ND STREET
BELLEAIR BEACH, FL 33786 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: IANNI, NICHOLAS A JR
Address: 309 22ND STREET
City-St-Zip: BELLEAIR BEACH, FL 33786

Title: MGR () Change (X) Addition
Name: SALVESON, ROBERT E
Address: 1562 STORMWAY COURT
City-St-Zip: APOPKA, FL 32712

Title: MGR () Change (X) Addition
Name: FRANCIS, ROBERT
Address: 1607 SAND KEY ESTATES COURT
City-St-Zip: CLEARWATER, FL 33767

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: ROBERT E. SALVESON

MGR

01/23/2009

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