

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000053033

**FILED**  
**Apr 21, 2010**  
**Secretary of State**

**Entity Name:** PHYSICIANS RENAISSANCE MANAGEMENT, LLC

**Current Principal Place of Business:**

1668 S TELEGRAPH RD STE 140  
BLOOMFIELD HILLS, MI 48302

**New Principal Place of Business:**

1562 STORMWAY COURT  
APOPKA, FL 32712

**Current Mailing Address:**

1668 S TELEGRAPH RD STE 140  
BLOOMFIELD HILLS, MI 48302

**New Mailing Address:**

1562 STORMWAY COURT  
APOPKA, FL 32712

**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:**

SALVESON, ROBERT E  
1562 STORMWAY COURT  
APOPKA, FL 32712 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: ROBERT E. SALVESON

04/21/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: IANNI, NICHOLAS A JR  
Address: 3622 COVERT ROAD  
City-St-Zip: WATERFORD, MI 48328

Title: MGR  
Name: SALVESON, ROBERT E  
Address: 1562 STORMWAY COURT  
City-St-Zip: APOPKA, FL 32712

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

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: ROBERT E. SALVESON

MGR

04/21/2010

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