

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007658

**FILED**  
**Apr 18, 2005**  
**Secretary of State**

**Entity Name:** PHYSICIAN REFERENCE DIRECTORY, L.L.C.

**Current Principal Place of Business:**

1809 S. DIVISION AVE.  
ORLANDO, FL 32805

**New Principal Place of Business:**

**Current Mailing Address:**

1809 S. DIVISION AVE.  
ORLANDO, FL 32805

**New Mailing Address:**

FEI Number: 02-0578401

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WEATHERFORD, BILL  
1150 LOUISIANA AVENUE STE 4  
WINTER PARK, FL 32789 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: BATCHELDER, SHERYL  
Address: 1809 S. DIVISION AVE.  
City-St-Zip: ORLANDO, FL 32805

Title: MGR ( ) Delete  
Name: BATCHELDER, CURT L  
Address: 1809 S. DIVISION AVE.  
City-St-Zip: ORLANDO, FL 32805

**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 for the exemption stated in Section 119.07(3)(i), 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: SHERYL BATCHELDER

MGR

04/18/2005

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