

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007658

FILED
Apr 28, 2009
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/MANAGERS:

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 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: SHERYL BATCHELDER

MGR

04/28/2009

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