

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007658

FILED
Apr 28, 2010
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
Name: BATCHELDER, SHERYL
Address: 1809 S. DIVISION AVE.
City-St-Zip: ORLANDO, FL 32805

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

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: SHERYL A BATCHELDER

MGR

04/28/2010

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