

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000110123

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** AMERIDOC PHYSICIAN NETWORK, LLC

**Current Principal Place of Business:**

4965 PRESTON PARK BLVD  
STE 200  
PLANO, TX 75093

**New Principal Place of Business:**

**Current Mailing Address:**

4965 PRESTON PARK BLVD  
STE 200  
PLANO, TX 75093

**New Mailing Address:**

**FEI Number:** 30-0515938

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MGRM  
Name: AMERIDOC, LLC  
Address: 4965 PRESTON PARK BLVD - STE 200  
City-St-Zip: PLANO, TX 75093

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: DAVID E. LINDSEY

MGRM

04/19/2011

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