

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000497

Entity Name: PROPHECY GROUP, L.C.

FILED  
Jan 23, 2008  
Secretary of State

## Current Principal Place of Business:

1005 W COLLEGE BLVD, SUITE A  
NICEVILLE, FL 32578

## New Principal Place of Business:

## Current Mailing Address:

1005 W COLLEGE BLVD, SUITE A  
NICEVILLE, FL 32578

## New Mailing Address:

FEI Number: 59-3378308

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PERRI, DANIEL C  
5 CLIFFORD DRIVE  
SHALIMAR, FL 32579 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 ( ) Delete  
Name: HARRIS, MICHAEL A  
Address: 1005 W COLLEGE BLVD, SUITE A  
City-St-Zip: NICEVILLE, FL 32578

Title: MGR ( ) Delete  
Name: MICHAEL A. HARRIS M., D.P.A. PENSION PLAN  
Address: 1005 W COLLEGE BLVD, SUITE A  
City-St-Zip: NICEVILLE, FL 32578

Title: MGR ( ) Delete  
Name: MARK S CALKINS M.D.P. .A. RET. PLAN & TRUST  
Address: 550 TWIN CITIES BLVD  
City-St-Zip: NICEVILLE, FL 32578

Title: MGR ( ) Delete  
Name: BONE AND JOINT CLINI, C PROFIT SH PL & TRUST  
Address: 194 REDSTONE AVE  
City-St-Zip: CRESTVIEW, FL 32536

Title: MGR ( ) Delete  
Name: TURNER, GREGORY W  
Address: 4400 E HWY 20  
City-St-Zip: NICEVILLE, FL 32578

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MICHAEL A HARRIS

MGR

01/23/2008

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