

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007658

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

Current Principal Place of Business:

1809 S. DIVISION AVE.
ORLANDO, FL 32805

Current Mailing Address:

1809 S. DIVISION AVE.
ORLANDO, FL 32805

FEI Number: 02-0578401

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WEATHERFORD, BILL
1150 LOUISIANA AVENUE STE 4
WINTER PARK, FL 32789 US

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

Authorized Person(s) Detail :

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

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHERYL BATCHELDER

PRESIDENT

05/01/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date